

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 09, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 235027**

1. Entity Name  
**FAIRBANKS REALTY, INC.**



Principal Place of Business  
**1700 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134**

Mailing Address  
**1700 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-0979480**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CROSS, J. ALAN JR  
1700 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U000000295128

04709705-80015-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CROSS, J. ALAN JR
STREET ADDRESS	1700 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	CONGER, RICHARD
STREET ADDRESS	2701 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*J. Alan Cross Jr* APR 6 2005