

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90166 001 ***155.00
02-17-2006 90166 002 *****8.75

DOCUMENT # 288029

1. Entity Name

NORMAN CHARLES REALTY CORP.



Principal Place of Business

P.O. BOX 190399
FORT LAUDERDALE FL 33319-0399
US

Mailing Address

P.O. BOX 190399
FORT LAUDERDALE FL 33319-0399
US

00001730



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

11-2126017

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UDELL, MICHAEL B ESQ
5400 S UNIVERSITY DR STE 117
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name NORMAN GALLAN

Street Address (P.O. Box Number is Not Acceptable)

2451-4 ARAGON BLVD

City SUNRISE FLA 33322 FL

Zip Code 33322

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 NORMAN GALLAN

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
P. KLING, RONA
STREET ADDRESS 413 HICKORY DRIVE
CITY-ST-ZIP TANERVILLE PA 18372

TITLE NAME ☐ Delete
V GALLAN, IRA
STREET ADDRESS 220 W. 71 ST.
CITY-ST-ZIP NEW YORK NY 10023

TITLE NAME ☐ Delete
S GALLAN, SYLVIA
STREET ADDRESS 2451-4 ARAGON BLVD
CITY-ST-ZIP SUNRISE FL 33322

TITLE NAME ☐ Delete
D GALLAN, NORMAN
STREET ADDRESS 2451-4 ARAGON BLVD
CITY-ST-ZIP SUNRISE FL 33322

TITLE NAME ☐ Delete
D GALLAN, JASON CY
STREET ADDRESS 413 HICKORY DR
CITY-ST-ZIP TANERVILLE PA 18372

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: SYLVIA GALLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #