

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT 25 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 306707					
1. Entity Name 9379 REALTY CORP.					
Principal Place of Business 9365 COLLINS AVE. SURFSIDE, FL 33154			Mailing Address 9365 COLLINS AVE. SURFSIDE, FL 33154		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent EDELSTEIN, BERNARD S. 9365 COLLINS AVE. SURFSIDE, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EDELSTEIN, A.J.		NAME	500042159555	
STREET ADDRESS	9365 COLLINS AVE.		STREET ADDRESS	10/25/04--01067--017/ **\$61.25	
CITY-ST-ZIP	MIAMI BEACH, FL 33154		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EDELSTEIN, BERNARD		NAME		
STREET ADDRESS	9365 COLLINS AVE.		STREET ADDRESS		
CITY-ST-ZIP	SURFSIDE, FL 33154		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	FEINBERG, IRWIN L.		NAME	EDELSTEIN, ANDREA	
STREET ADDRESS	3 JAEGER DRIVE		STREET ADDRESS	9365 Collins Avenue	
CITY-ST-ZIP	OLD BROOKVILLE, NY		CITY-ST-ZIP	Surfside, FL 33154	
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	EDELSTEIN, CRAIG	
STREET ADDRESS			STREET ADDRESS	9365 Collins Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Surfside, FL 33154	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: 		10/14/04 305 538-5577			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	