

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 306707

FILED
Feb 07, 2006
Secretary of State

Entity Name: 9379 REALTY CORP.

Current Principal Place of Business:

BERNARD EDELSTEIN
1221 BISCAYA DR.
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

BERNARD EDELSTEIN
1221 BISCAYA DR.
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 59-1154706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDELSTEIN, BERNARD S
9365 COLLINS AVE.
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDELSTEIN, A J
Address: 9365 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33154

Title: VD () Delete
Name: EDELSTEIN, BERNARD
Address: 9365 COLLINS AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: V () Delete
Name: EDELSTEIN, ANDREA
Address: 9365 COLLINS AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: V () Delete
Name: EDELSTEIN, CRAIG
Address: 9365 COLLINS AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: EDELSTEIN, MARC
Address: 9365 COLLINS AVE.
City-St-Zip: SURFSIDE, FL 33154

Title: V () Change (X) Addition
Name: EDELSTEIN, SHEPARD
Address: 9365 COLLINS AVE
City-St-Zip: SURFSIDE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON EDELSTEIN

PD

02/07/2006

Electronic Signature of Signing Officer or Director

_____ Date