2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 16, 2008 8:00 am Secretary of State **DOCUMENT # 331214** 1. Entity Name 05-16-2008 90026 039 ***150.00 STEPHEN J. BODZO REALTY, INC. Principal Place of Business Mailing Address 5601 N FEDERAL HWY 5601 N FEDERAL HWY **BOCA RATON FL 33487** BOCA RATON FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEi Number 59-1226036 Not Applicable Ζıρ Country Z:p Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BODZO, BARBARA S. Street Address (P.O. Box Number is Not Acceptable) 5601 N FEDERAL HWY **BOCA RATON FL 33487** FL 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 eaent and attell applicable. fNOTE Registered Agont signature required when reinstating? DATE FILE NOW!!! FEE IS \$150.00 Ck.# 2045 Enc. 9. Election Campaion Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE TITLE ☐ Change ☐ Addition Delete BODZO, BARBARA S NAME NAME STREET ADDRESS 5601 N FEDERAL HWY STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP SDT TITLE Delete TITLE Change Addition BOOD ZOX XXXXXXXXXXXX BODZO, MARY L. NAME NAME STREET ADDRESS SHOOK NOW REPORTED AND ANALYS. 5601 N. Federal Hwy. STREET ADDRESS BOOAK RACONKELX38X87 CITY-ST-2IP** * CITY-ST-7IP Boca RAton, Florida 33487 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- 7IP

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 efficer 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: YMM Barbara S. Bodzo, PResident 4/28/08 (561) 997-8200