
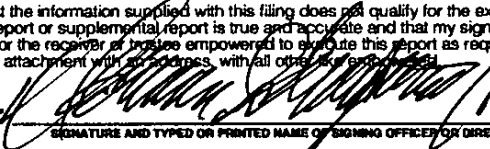


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90154 019 \*\*\*150.00

<b>DOCUMENT # 358909</b>			
1. Entity Name GAIL-MAR REALTY, INC.		Principal Place of Business #1610 MIAMI, FL 33181	
Mailing Address 1800 NE 114 STREET #1610 MIAMI, FL 33181 US		2. Principal Place of Business	
Suite, Apt. #, etc.		3. Mailing Address	
City & State		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAPIRO, BARBARA <del>4641 NW 10TH AVENUE</del> <del>MIAMI, FL 33142</del> 1800 NE 114 ST. #1610 MIAMI, FL 33181		Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		Applied For Not Applicable	
SIGNATURE _____		4. FEI Number 59-1283608	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DATE _____		04212005 Chg-P CR2E034 (10/03)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHAPIRO, BARBARA 1800 NE 114 ST, #1610 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SHAPIRO, NORMAN 1800 NE 114 ST, #1610 MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of business 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 all changes, with all other fees paid.			
SIGNATURE: 		NORMAN SHAPIRO 4/21/05 305893-4454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	