


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 390934 1. Entity Name 1-4-7-REALTY CORP.	
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Principal Place of Business 5820 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014	Mailing Address 5820 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1675159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COHEN, JEFFREY 5820 MIAMI LAKES DRIVE MIAMI LAKES, FL 33014	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	000000203379 01/29/05-80029-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHEN, JEFFREY 5820 MIAMI LAKE DRIVE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COHEN, WILLIAM 5820 MIAMI LAKES DRIVE MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:  **WILLIAM D. COHEN** **1/25/05** **305-556-4601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #