


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 480959 1. Entity Name PREUSS REALTY, INC.	
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Principal Place of Business 25 SOUTHEAST SECOND AVENUE INGRAHAM BUILDING, SUITE 710 MIAMI, FL 33131	Mailing Address 25 SOUTHEAST SECOND AVENUE INGRAHAM BUILDING, SUITE 710 MIAMI, FL 33131
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01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1633850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PREUSS, WERNER J. 5825 COLLINS AVE PAT 12F MIAMI BCH, FL MIAMI, FL 33140
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DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000031210 02/04/04-80138-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREUSS, WERNER J. 5825 COLLINS AVE APT 12F MIAMI BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PREUSS, JUTTA 5825 COLLINS AVE APT 12F MIAMI BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOVINO, JERRY 2201 S OCEAN DRIVE #2803 HOLLYWOOD, FL 33019
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: X  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
Date: **1/22/04** Daytime Phone #: **305-377115**