


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 483510 <small>1. Entity Name</small> SHILOH REALTY CORPORATION	
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<small>Principal Place of Business</small> 5969 N. BAY ROAD MIAMI BEACH, FL 33140 US	<small>Mailing Address</small> 5969 N. BAY ROAD MIAMI BEACH, FL 33140 US
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01062004 No Chg-P CR2E034 (10/03)

<small>4. FEI Number</small> 59-1619415	<small>Applied For</small> Not Applicable
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<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORTON, SANDRA JEAN
5969 N BAY ROAD
MIAMI BEACH, FL 33140

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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	P MORTON, SANDRA JEAN 5969 N. BAY ROAD MIAMI BEACH, FL
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	
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01/09/04-80025-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sandra Jean Morton **1/9/04** **3058689430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #