


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

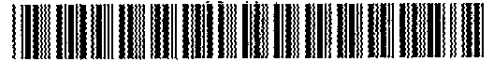
DOCUMENT # 490746

1. Entity Name
RAYGAR REALTY CORP.



Principal Place of Business
**C/O ANNIE MSLOAN
 430 TIVOLI AVENUE
 CORAL GABLES, FL 33143**

Mailing Address
**C/O ANNIE MSLOAN
 430 TIVOLI AVENUE
 CORAL GABLES, FL 33143**



DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-1531633

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SLOAN, ANNIE M
 430 TIVOLI AVENUE
 CORAL GABLES FL., FL 33143**

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 _____

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

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

1000000104163

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SLOAN, THOMAS G 430 TIVOLI AVE CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SLOAN, ANNIE M 430 TIVOLI AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUTHRIE, EDITH S 430 TIVOLI AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04705204-80086-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *ANNIE M. SLOAN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____