## 2005 FOR PROFIT CORPORATION -

**FILED** Feb 23. 2005 08:00 AM

ANNUAL REPURT				7	C 4 C C 4 - 4 -		
	MENT # 490746			1	Sec	retary of State	
1. Entity Name RAYGAR REALTY CORP.							
KATGAN	REALTI CORF.			']			
Principal Plac	e of Business	Mailing Address					
···		C/O ANNIE MSLOAN					
430 TIVOLI AVENUE		430 TIVOLI AVENUE	•				
CORAL GABL	ES, FL 33143_	CORAL GABLES, FL 33143					
				01202005	No Chg-P	CR2E034 (10/03)	
E	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe	or	Applied For	
, ; ; ;			sárása fosferni kelen Tem s Colons (1935)	13-153		Not Applicable	
	. 1990 y A. 1988 (filespery C. 1991 file) 1991 file de la Jack C. I. Bally Christa (file	i, juri ji wasa didheliyi, jeti. Imi Yevi ya ya bini dalarin	2/14/14/14/14/14/14/14/14/14/14/14/14/14/	5. Certificate	of Status Decirod	☐ \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		<del></del>			
SLOAN, ANNIE M 430 TIVOLI AVENUE			Total Control of the Address of the Control of the		KIPTT TA		
					NOT W		
CORAL GABLES FL., FL 33143		•		IN 1	THIS SF	ACE	
						To the William Control of the Contro	
77 1	named entity submits this statement for	Company of about the Wardston	rad office or registe	ared exect or hel	to in the State of De	vida. I am familiar with, and accent	
	tions of registered agent.	tie hathose of chandilla its redister	red office of registe	ered agent, or box	ri, iii (ne otate or i ii	-	
SIGNATURE.							
	Signature, typed or printed name of registered agent an	Sittle if applicable (NOTE Register	od Agent signature require	ed when reinstaling)		DATE	
En	.E NOW!!! FEE IS \$150,00	9. Election Campaign Fina	incing \$5	5.00 May Be			
After M	ay 1, 2005 Fee will be \$550.0	Trust Fund Contribution	. 🗖 Adı	ded to Fees			
10.	OFFICERS AND D	IRECTORS		**************************************			
TITLE	STD	·					
NAME STREET ADDRESS	SLOAN, THOMAS G 430 TIVOLI AVE						
CITY-ST-ZIP	CORAL GABLES, FL 33143			ej i tajiki min			
IIILE	PD				nacaspyllo:		
NAME	SLOAN, ANNIE M						
STREET ADDRESS	430 TIVOLI AVE CORAL GABLES, FL						
TITU	D		n sa traing iya r	, i <sub>n</sub> gipiri <sub>ta</sub> nig	Mingion vari		
NAME	GUTHRIE, EDITH S						
STREET ADDRESS 430 TIVOLI AVE			nn	NOT W	PITE		
CITY-SY-ZIP	CORAL GABLES, FL		- 1000000000000000000000000000000000000		eater to		
TITLE NAME	]			IN.	THIS SI	ACE	
STREET ADDRESS							
CITY+ST-ZIP		<del></del>		roinemani isom			
TITLE		-	Survivers of the fifth				
NAVAE STREET ADDRESS	1						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(7), 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.

CITY-ST-ZIP ШŒ NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: A Squir M. Slovan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 - 646 - 06 63 Daylime Prione 1