


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 490746 1. Entity Name RAYGAR REALTY CORP.	
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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
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01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-1531633	Applied For 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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

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
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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)(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: A. Annie M. Sloan Date: 2-9-05 305-666-0603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #