


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90162 016 ***163.75

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| DOCUMENT # 579200 1. Entity Name HAMPSTEAD REALTIES OF FLORIDA, INC. |  |
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| Principal Place of Business 111 S. 17TH AVE. HOLLYWOOD, FL 33020-6801 | Mailing Address 111 S. 17TH AVE. HOLLYWOOD, FL 33020-6801 |
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1844260 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MOROZ, BORIS
111 S. 17TH AVENUE
HOLLYWOOD, FL 33020**

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MOROZ, BORIS 2030 S OCEAN DR APT 1709 HALLANDALE, FL 00000, 33009 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Boris Moroz **BORIS MOROZ** 4/15/08 (954) 921-4332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #