

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 598192

FILED
Jan 12, 2006
Secretary of State

Entity Name: TOM SINGER REALTY CORPORATION

Current Principal Place of Business:

221 ARAGON AVE, 2ND FLOOR
PO BOX 14-5001 (ZIP 331145001)
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

221 ARAGON AVE, 2ND FLOOR
PO BOX 14-5001 (ZIP 331145001)
CORAL GABLES, FL 33134 US

New Mailing Address:

11095 MARIN ST.
CORAL GABLES, FL 33156 US

FEI Number: 59-1873333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, TOM
11095 MARIN ST
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SINGER, TOM,
Address: 11095 MARIN ST
City-St-Zip: CORAL GABLES, FL 33156

Title: V () Delete
Name: SINGER, CHERYL,
Address: 11095 MARIN ST
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM SINGER

MR

01/12/2006

Electronic Signature of Signing Officer or Director

Date