



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 609432 1. Entity Name MURRAY REALTIES INC. |  |
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| Principal Place of Business 13248 W BROWARD BLVD PLANTATION, FL 33325 US | Mailing Address 13248 W BROWARD BLVD PLANTATION, FL 33325 US |
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DO NOT WRITE IN THIS SPACE

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|--|---------------------------------------|
|  | |
| 01032007 No Chg-P | CR2E034 (11/05) |
| 4. FEI Number 59-1885688 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

STEIN, WARREN J.
13248 W BROWARD BLVD
PLANTATION, FL 33325

**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 re-appointing)

U00000580597
01/10/07-80054-005-150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 | PDS STEIN, WARREN J. 13248 W BROWARD BLVD PLANTATION, FL 33325 |
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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, 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: 8585