


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 669328**  
 1. Entity Name  
**LAKE WORTH REALTY MANAGEMENT, INC.**



Principal Place of Business  Mailing Address  
**3149 BRICKELL AVE** **3149 BRICKELL AVE**  
**MIAMI FL 33129-9817** **MIAMI FL 33129-9817**

2. Principal Place of Business  3. Mailing Address  
 Suite, Apt. #, etc.  Suite, Apt. #, etc.

City & State  City & State   
 Zip  Country  Zip  Country



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2003799** Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**TAYLOR, HENRY H JR**  
**801 BRICKELL AVE. 14TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name   
 Street Address (P. O. Box Number is Not Acceptable)   
 City  **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	S	<input type="checkbox"/> Delete
NAME	TAYLOR, HENRY H JR	
STREET ADDRESS	801 BRICKELL AVE. 14 FL	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	ROMFH, EMILY	
STREET ADDRESS	3149 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000209381	
STREET ADDRESS	02/02/05-80038-003 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Emily Romfh* **Emily Romfh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-05 305-854-4349**  
Date Daytime Phone #