2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 11, 2005 08:00 AM **DOCUMENT # 682089 Secretary of State** 1. Entity Name MIGONE REALTY ASSOCIATES, INC. Principal Place of Business Mailing Address % HARRY B MIGONE % HARRY B MIGONE 7125 NW 74TH ST 7125 NW 74TH ST MIAMI, FL 33166 MIAMI, FL 33166 02192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2023486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIGONE, HARRY B DO NOT WRITE 7125 NW 74TH ST MIAMI, FL 33166 IN THIS SPACE \$. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 11000000259167 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/11/05-80013-005 150.00 10. OFFICERS AND DIRECTORS PD TITLE MIGONE, HARRY B NAME STREET ADDRESS 7125 NW 74TH ST C0Y-5T-7IP MIAMI, FL 000000 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(i), 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:

IGNATORE AND TYPED IN THINTED NAME OF SIGNAM OFFICER ON DIRECTOR

03-06-05 (305) 888-6112

Date

Daytime Phone #

FILED