


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 686370 1. Entity Name MANAGEMENT REALTY, INC.					
Principal Place of Business 17750 S.W. 248 ST. HOMESTEAD FL 33031 US		Mailing Address 17750 S.W. 248 ST. HOMESTEAD FL 33031 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2016678	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VELLANTI, THOMAS A. 17750 S.W. 248 ST. HOMESTEAD FL 33031				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 _____					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELLANTI, THOMAS A.		NAME		
STREET ADDRESS	27520 S.W. 164TH CT.		STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VELLANTI, VELIA G.		NAME		
STREET ADDRESS	27520 S.W. 164TH CT.		STREET ADDRESS		
CITY - ST - ZIP	HOMESTEAD FL		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERRY, MARIA E.		NAME		
STREET ADDRESS	86729 OLD HWY		STREET ADDRESS		
CITY - ST - ZIP	ISLAMORADA FL 33036		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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1st MOORE CR2E034 (10/04)

4. FEI Number **59-2016678** Applied For Not Applicable

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

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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:  **02/22/05** (305) 247-6623

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