

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 853370
 1. Entity Name
C & O REALTY CORP.



Principal Place of Business
**36 EAST 74TH ST.
 NEW YORK NY 10021**

Mailing Address
**36 EAST 74TH ST.
 NEW YORK NY 10021**



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

City & State Zip Country

4. FEI Number **13-3119322** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LINDSEY, DONNA HUANG
 15924 ELLSWORTH DR.
 TAMPA FL 33647**

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

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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUANG, PAUL 36 E. 74TH ST. NY NY	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUANG, CHARLES 36 E. 74TH ST. NEW YORK NY	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LINDSEY, DONNA HUANG 15924 ELLSWORTH DR TAMPA FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHA, ASSUNTA 5 WILLOW CRESENT BROOKLINE MA	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IP, CECILIA 427 PAZZI RD. WALNUT CREEK CA	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTI, DUEN UNTERE HARDEGG 32 4600 OLTEN, SWITZ.	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000480294 04/10/06-80038-010 150.00	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Paul Huang **PAUL HUANG, PRES 3/30/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #