


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000003456 1. Entity Name WILLIAMS & SONS REALTY OF 29TH STREET, INC.	
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Principal Place of Business 12001 SOUTHERN BLVD. ROYAL PALM BEACH, FL 33411	Mailing Address 293 BRYANT AVENUE WHITE PLAINS, NY 10605
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DO NOT WRITE IN THIS SPACE



02132008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3755887	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEIN, CLIFFORD M ESQ. 5345 PINETREE DRIVE MIAMI BEACH, FL 33140	DO NOT WRITE IN THIS SPACE
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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

1100000880437

04/15/08-80061-006 150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS FAKHIR, GEORGE 293 BRYANT AVENUE WHITE PLAINS, NY 10605
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/31/2008

Date

Daytime Phone #