


2008 FOR PROFIT CORPORATION ANNUAL REPORT

-FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # F06000001626
 1. Entity Name
 BISH REALTY INC.



Principal Place of Business
 74 LEHIGH ST
 WILLISTON PARK, NY 11596

Mailing Address
 74 LEHIGH ST
 WILLISTON PARK, NY 11596

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

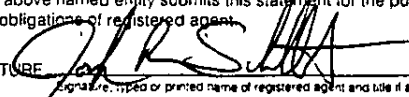
4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHEIBELHUT, JOSEPH
 6700 67TH WAY
 PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE

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  JOSEPH SCHEIBELHUT DATE 2/28/08
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLACK, HARREN
STREET ADDRESS	74 LEHIGH ST
CITY-ST-ZIP	WILLISTON PARK, NY 11596
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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 03/19/08-80037-025 150.00

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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:  2/25/08 212-643-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

x 259