

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F32402

1. Entity Name

SOMAX REALTY COMPANY

.



Apr 23, 2004 08:00 AM Secretary of State

FILED

Principal Place of Business

Mailing Address

1655 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401 US 1655 PALM BEACH LAKES BLVD.

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33401 US



04122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2087183

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARETSKY, RICHARD P 1655 PALM BEACH LAKES BLVD #900 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
	Signature, typed or printed name of registored agent and title i	fapplicable, (NOTE Registered	Agent signature	required when reinstaling)	DATE	
FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finan Trust Fund Contribution. 	cing . \square	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS _						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZARETSKY, RICHARD P 1655 PALM BCH LAKES BLVD WEST PALM BCH, FL				U00000127888 04/26/04-80017-003 iso.oo	
TITLE Name Street address City-St-Zip	DP ZARETSKY, LIONEL 5180 WOODLAND LAKES DR. PALM BCH GRDNS, FL				0 17 EUR D 7 OUDI DUD 130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5616896660

Daytime Physic #