

ANNUAL REPORT

DOCUMENT # F32402

1. Entity Name
SOMAX REALTY COMPANY

FILED
Feb 02, 2005 08:00 AM
Secretary of State

Principal Place of Business
1655 PALM BEACH LAKES BLVD.
900
WEST PALM BEACH, FL 33401 US

Mailing Address
1655 PALM BEACH LAKES BLVD.
900
WEST PALM BEACH, FL 33401 US



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000211115
02/02/05-80107-016 150.00

10. OFFICERS AND DIRECTORS

TITLE S
NAME ZARETSKY, RICHARD P
STREET ADDRESS 1655 PALM BCH LAKES BLVD
CITY-ST-ZIP WEST PALM BCH, FL

TITLE DP
NAME ZARETSKY, LIONEL
STREET ADDRESS 5180 WOODLAND LAKES DR.
CITY-ST-ZIP PALM BCH GRDNS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(f), 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #