2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # F60003 1. Entity Name 04-09-2004 90079 028 ***150.00 WILLIAM I, DONNER REALTY, INC. Principal Place of Business Mailing Address 108 S. MIAMI AVENUE 2ND FLOOR 108 S. MIAMI AVENUE 2ND FLOOR MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address 2670 M 2670 Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-2164604 11A M 71AM Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONNER/WILLIAM I. Street Address (P.O. Box Number is Not Acceptable) -108 S. MAMI AVENUE 2ND FLOOR MIAML FL 33130 33180 Zip Code 8. The above nar changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE ☐ Addition DONNER, WILLIAM I NAME NAME 108 S. MIAMI AVENUE 2670 NIE 215 71 37 STREET ADDRESS STREET ADDRESS MIAMI-FL-33130 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL. 3318 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this it indicated on this report or supplemental report of the corporation or the receiver or trustee employ changed, or on an attachmen SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED