

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000005802**

1. Entity Name  
**R. A. REAL ESTATE, INC.**



Principal Place of Business  
**823 11TH AVE  
NEW YORK, NY 10019**

Mailing Address  
**823 11TH AVE  
NEW YORK, NY 10019**



03282007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3107404</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GALDOVIN SARAGA & LIPSHV  
201 NE FIRST AVE  
DELRAY BEACH, FL 33444**

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000707144  
04/24/07-90062-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	CATSIMATIDIS, JOHN A
STREET ADDRESS	823 11TH AVE
CITY-ST-ZIP	NEW YORK, NY 10019

TITLE	S
NAME	PALERMO, LOUIS P
STREET ADDRESS	823 ELEVENTH AVE
CITY-ST-ZIP	NEW YORK, NY 10019

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 SIGNING OFFICER OR DIRECTOR

**JOHN CATSIMATIDIS**

**3/30/07**

Date

Daytime Phone #