

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000004272

1. Entity Name
TRYAX REALTY MANAGEMENT, INC.



Principal Place of Business
60 CUTTER MILL RD
SUITE 208
GREAT NECK, NY 11021

Mailing Address
60 CUTTER MILL RD
SUITE 208
GREAT NECK, NY 11021

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3186353	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMELZER, MICHAEL
4280 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	SCHMELZER, MICHAEL
STREET ADDRESS	60 CUTTER MILL RD SUITE 208
CITY-ST-ZIP	GREAT NECK, NY 11021

TITLE	
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07/14/08-80013-018 550.00

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 7/19/08 516-829-5400
Date Daytime Phone #