


FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90218 004 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

94061924



DOCUMENT # F98000006222 1. Entity Name MAGNOLIA REALTY HOLDING CO.			
Principal Place of Business 1009 E. 14TH ST BROOKLYN, NY 11230		Mailing Address 1009 E. 14TH ST BROOKLYN, NY 11230	
2. Principal Place of Business <i>60 Broad Street</i>		3. Mailing Address <i>60 Broad Street</i>	
Suite, Apt. #, etc. <i>3503</i>		Suite, Apt. #, etc. <i>3503</i>	
City & State <i>New York NY</i>		City & State <i>New York, NY.</i>	
4. FEI Number 11-3145814	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 JOSEPH, JERRY 100 GOLDEN ISLES DR, SUITE 1204 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECKSTEIN, JUDY 1009 E. 14TH ST BROOKLYN, NY 11230	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Judy Eckstein</i>		<i>3/25/04</i>	<i>212 668 0181</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>