

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90237 011 ***150.00

ANNUAL REPORT

DOCUMENT # F99000004908

1. Entity Name
ILOPSIR REALTY CORP.



Principal Place of Business Mailing Address
1965 NW 55TH AVE **1965 NW 55TH AVE**
MARGATE, FL 33063 **MARGATE, FL 33063**

94074840



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
13-2647526 No Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

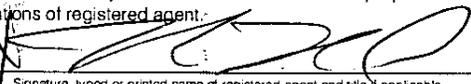
6. Name and Address of Current Registered Agent

BATALLAS, WILLIAM H
3990 SHERIDAN STREET
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name **Thomas Rispoli**
Street Address (P.O. Box Number is Not Acceptable)
3900 89th Rd S.
City **Boynton Beach** **FL** Zip Code **33436**

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 **4/24/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

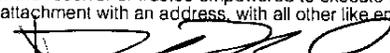
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RISPOLI, THOMAS	
STREET ADDRESS	3900 S. 89 ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RISPOLI, LUCA	
STREET ADDRESS	3300 N. STATE ROAD #7 BOX #496F	
CITY-ST-ZIP	HOLLYWOOD, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RISPOLI, LISA	
STREET ADDRESS	3900 89TH ROAD SOUTH	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

 DATE **4/24/04**