2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # G09299 1. Entity Name ERETZ REALTY, INC. Principal Place of Business Mailing Address C/O JOSHUA S. GALITZER C/O JOSHUA S. GALITZER 17101 NE 6TH AVE 17101 NE 6TH AVE. N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2242734 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALITZER, JOSHUA S. 17101 N.E. 6TH AVENUE Street Address (P.O. Box Number is Not Acceptable) N. MIAMI BEACH FL 33162 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 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. TITLE PTD Delete mle ☐ Change Addition NAME GALITZER, DEBORAH M NAME Unnnn0552272 n5/15/06-80004-020 150.00 STREET ADDRESS 5372 SW 34 WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33312 ☐ Change Addition ☐ Delete TOLE TITLE HAME NAME GALITZER, JOSHUA STREET ADDRESS STREET ADDRESS 5372 SW 34 WAY CITY-ST-ZIP HOLLYWOOD FL 33312 CITY-ST-7/P ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 O

4/25/

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Daytime Phone #