

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90001 050 ***200.00

DOCUMENT # G95263 1. Entity Name FLA. MARKET REALTY CORP.	
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Principal Place of Business 1876 N. UNIVERSITY DRIVE 200-E PLANTATION, FL 33322 US	Mailing Address PO BOX 45044 SUNRISE, FL 33166 US ✓
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 450644 Suite, Apt. #, etc.
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City & State SUNRISE FL	City & State SUNRISE FL
Zip 33345	Country USA



02092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2419283		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WASHOFSKY, MARTIN 1876 N. UNIVERSITY DRIVE 200-E PLANTATION, FL 33322		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WASHOFSKY, MARTIN 1876 N. UNIVERSITY DRIVE 200-E PLANTATION, FL 33322 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

02/09/06

Date

474-0055

Daytime Phone #

ATTACHMENT

60014201

G95263

Martin E. Washofsky, E.A., P.A.

Admitted To Practice Before The Internal Revenue Service

Federal and State Tax Advisor
Specialization In IRS Representation

1876 N. University Drive Suite 200-E
Plantation, FL 33322

Telephone
954-474-0055

Telefax
954-474-0054

Florida Division of Corporations
PO Box 1500
Tallahassee, FL 32302

February 09, 2006

Dear Sir / madam,

Enclosed please find two (2) Annual reports.

One – there are no changes – Washofsky and Associates, PA

One – has change of mailing address only – FLA Market Realty

Enclosed are two checks for a total of \$300.00 for both of the corporations.

Thank you for your time and cooperation in this matter

If you have any questions please call me directly.

Sincerely,

Martin E. Washofsky, EA

A handwritten signature in black ink, appearing to read 'MEW', followed by a long horizontal flourish.