2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 24, 2004 08:00 AM Secretary of State DOCUMENT # H03230. SULLIVAN REALTY, INC. Mailing Address Principal Place of Business 2100 W. 76TH ST. 2100 W. 76TH ST. SUITE 510 **SUITE 510** HIALEAH, FL 33016 HIALEAH, FL 33016 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2422142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SULLIVAN, JAMES M. JR. DO NOT WRITE 2100 W 76TH STREET STE 510 IN THIS SPACE HIALEAH, FL 33016 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. (NOTE Registored Agent signature required whon reinstalling) 9. Election Campaign Financing \$5.00 May 8a FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PTD SULLIVAN, JAMES M., JR. NAME U00000161351 05/24/04-80004-024 150.00 STREET ADDRESS 2095 W. 76TH ST. HIALEAH, FL 33016 CRY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP साध

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:

MAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. SULLIVON VA PRES

5/20/04

FILED