


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H30592**  
 1. Entity Name  
**SARKIN REALTY, INC.**



Principal Place of Business  
 2751 PALM AIRE DRIVE SOUTH, STE 29/105  
 POMPANO BEACH, FL 33069

Mailing Address  
 2751 PALM AIRE DRIVE SOUTH, STE 29/105  
 POMPANO BEACH, FL 33069



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2467324**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SARKIN, HAROLD**  
 2751 PALM AIRE DRIVE, SOUTH  
 SUITE 29/105  
 POMPANO BEACH, FL 33069

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARKIN, HAROLD 2751 PALM AIRE DR. SO. POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SARKIN, SANDRA 2751 PALM AIRE DR SO POMPANO BEACH, FL 33069
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 02/15/07-80070-017 150.00

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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: Harold Sarkin Date: 2/5/2007 Daytime Phone #: 954-971-0280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR