



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # H30592 1. Entity Name SARKIN REALTY, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2467324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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: Harold Sarkin 1/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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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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 1/10/08 954-9710280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #