

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # H67872

1. Entity Name
730 REALTY, INC.



Principal Place of Business
% DAVID C. HARDIN
500 E BROWARD BV S1950
FORT LAUDERDALE, FL 33394

Mailing Address
% DAVID C. HARDIN
500 E BROWARD BV S1950
FORT LAUDERDALE, FL 33394



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2571601	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

HARDIN, DAVID C.
500 E BROWARD BV ST 1950
FORT LAUDERDALE, FL 33394

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

PAGE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STONE, EDWARD D., JR.
STREET ADDRESS	500 E BROWARD BLVD, SUITE 1950
CITY-ST-ZIP	FORT LAUDERDALE, FL

TITLE	D
NAME	STONE, EDWARD D III
STREET ADDRESS	815 MIDDLE RIVER DR #101
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	SV
NAME	HARDIN, DAVID C.
STREET ADDRESS	500 E BROWARD BLVD, SUITE 1950
CITY-ST-ZIP	FT LAUDERDALE, FL

TITLE	D
NAME	STONE, PATRICIA M
STREET ADDRESS	567 LIBERTY ST
CITY-ST-ZIP	SAN FRANCISCO, CA 94114

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward D. Stone, Jr. 4.20.05 954.524.3330