


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90068 047 ***150.00

DOCUMENT # J19390	
1. Entity Name REALTY RESOURCE OF CENTRAL FLORIDA, INC.	

Principal Place of Business 128 E COLONIAL DR ORLANDO, FL 32801 US	Mailing Address 128 E COLONIAL DR ORLANDO, FL 32801 US
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DO NOT WRITE IN THIS SPACE

40051204



03292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2710886	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

SABETI, MANSOUR MAX
132 E. COLONIAL DRIVE, SUITE 128
ORLANDO, FL 32801

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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 MANSOUR MAX SABETI DATE 4/6/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SABETI, MANSOUR MAX 128 E COLONIAL DR ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 another title empowered.

SIGNATURE: MANSOUR MAX SABETI DATE 4/6/05 DAYTIME PHONE # 407 835-9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR