



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J36564 1. Entity Name NILY INVESTMENT REALTY, INC.	
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Principal Place of Business 19495 BISCAYNE BLVD SUITE 300 AVENTURA, FL 33180 US	Mailing Address 9999 COLLINS AVE APT 3A BAL-HARBOUR, FL 33154
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DO NOT WRITE IN THIS SPACE

	
01262004 No Chg-P	CR2E034 (10/03)
4. FEI Number 65-0049802	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 TEMPKINS, HARRY 420 LINCOLN RD SUITE 258 MIAMI BEACH, FL 33139
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**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.

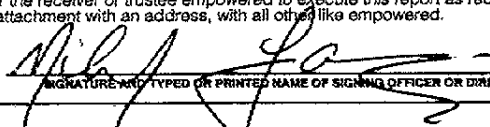
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000092949 03/19/04-80029-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALIC, NILY 9999 COLLINS AVE- APT 3A BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TANOVYE, ARLENIS 12528 NW 11TH TRAIL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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:  **1-26-04** **(305) 466-7320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #