2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J76414

1. Entity Name

PENN FLORIDA REALTY CORP.



Principal Place of Business

1515 N. FEDERAL HWY

SUITE 306

BOCA RATON, FL 33432

Mailing Address

1515 N. FEDERAL HWY

SUITE 306

BOCA RATON, FL 33432 US

FILED May 01, 2008 08:00 AN Secretary of State



No Chg-P CR2E034 (11/05) 02152008

Applied For 4. FEI Number 59-2831284 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

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

GENSHEIMER, MARK A 1515 N FEDERAL HIGHWAY **STE 306** BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

8.	The above named entity submits this statement for the purpose of char	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and acc	cept
	the obligations of registered agent.			
Q.	SNATURE			
3,	Signature, lyped or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	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

U00000938803

05/28/08-80001-019 150.00

OFFICERS AND DIRECTORS 10. PTSD TITLE BAUER, STANLEY D NAME 111 SE 6TH COURT STREET ADDRESS POMPANO BEACH, FL 33060 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Stanley D. Bauer

Daytime Phone #