2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J89679

1. Entity Name
REALNOR PROPERTIES, INC.

Principal Place of Business	Mailing Address
700 BRICKELL AVE MIAMI, FL 33131	50 S LASALLE STREET C/O ROSE ELLIS , M-9 CHICAGO, IL 60675 US

01102005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0006045
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOTT, VALERIE A
700 BRICKELL AVE
MIAMI, FL 33131

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

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	ALONSO, JUAN C
STREET ADDRESS	700 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	SIGSBEE, JAMES
STREET ADDRESS	700 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	S
NAME	PEDROSO, GLENDA
STREET ADDRESS	700 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DV
NAME	NOBLE, CARLOS
STREET ADDRESS	700 BRICKELL AVE.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DV
NAME	STOTT, VALERIE A
STREET ADDRESS	700 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible] 50.00

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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 all other like empowered.

SIGNATURE: Glenda S. Pedroso 2/4/05 (305) 789-1534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #