



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 049 ***150.00

DOCUMENT # J92836 1. Entity Name E.L.M. REALTY, INC.					
Principal Place of Business 1 SE 3RD AVENUE SUITE 2240 MIAMI, FL 33131 US			Mailing Address 1 SE 3RD AVENUE SUITE 2240 MIAMI, FL 33131 US		
2. Principal Place of Business 2500 WESTON ROAD Suite, Apt. #, etc. #302		3. Mailing Address 2500 WESTON ROAD Suite, Apt. #, etc. #302			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 65-0006108	
Zip 33331 Country USA		Zip 33331 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSING, ELLIOTT ONE SE 3RD AVE SUITE 2240 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ELLIOTT MESSING Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD #302 City WESTON FL Zip Code 33331		
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: <u><i>Elliott Messing</i></u> DATE: <u>8/13/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MESSING, ELLIOTT 1 SE 3RD AVE SUITE 2240 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 WESTON ROAD #302 WESTON, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 like empowered.					
SIGNATURE: <u><i>Elliott Messing, President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>8/13/04</u> Daytime Phone # <u>954-389-5555</u>		

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