2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J98772

1. Entity Name
D.J.E. REALTY LIMITED, INC.

Principal Place of Business	Mailing Address
2407 CYPRESS GARDENS BLVD.	222 W 37TH ST
WINTER HAVEN, FL 33880	NEW YORK, NY 10018 US

DO NOT WRITE IN THIS SPACE

01112005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
58-1759669	Not Applicable

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

6. Name and Address of Current Registered Agent

TRIANT, MATINA
2407 CYPRESS GARDENS RD.
WINTER HAVEN, FL 33884

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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_____

Signature, typed 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, 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	P
NAME	ELIAS, DEMETRIOS J
STREET ADDRESS	107 E. 61ST ST.
CITY-ST-ZIP	NEW YORK, NY
TITLE	S
NAME	GOLIAS, MARIA
STREET ADDRESS	19 OLD STABLE RD.
CITY-ST-ZIP	DEMAREST, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80083-019 158.75

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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: _____ Maria Golias secy 4/19/05   212-967-5222

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