
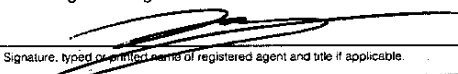



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90028 006 ***150.00

DOCUMENT # J99936				
1. Entity Name PERFORMANCE REALTY ORGANIZATION, INC.				
Principal Place of Business 7764 NW 44TH ST SUNRISE, FL 33351-6204		Mailing Address 7764 NW 44TH ST SUNRISE, FL 33351-6204		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0022232
				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		7. Name and Address of New Registered Agent		
JANOURA, MICHAEL J 7764 NW 44TH ST SUNRISE, FL 33351		Name Janoura, Michael J		
		Street Address (P.O. Box Number is Not Acceptable) 6827 West Commercial Blvd.		
		City Tamarac	FL	Zip Code 33319
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 		Vice President Michael Janoura		DATE 1/14/05
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANOURA, JOSEPH S.	NAME	Janoura, Joseph S.	
STREET ADDRESS	7764 NW 44TH ST	STREET ADDRESS	6827 West Commercial Blvd.	
CITY-ST-ZIP	SUNRISE, FL	CITY-ST-ZIP	Tamarac, FL. 33319	
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANOURA, PAMELA ANN	NAME	Janoura, Pamela Ann	
STREET ADDRESS	7764 NW 44TH ST	STREET ADDRESS	6827 West Commercial Blvd.	
CITY-ST-ZIP	SUNRISE, FL	CITY-ST-ZIP	Tamarac, FL. 33319	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANOURA, MICHAEL	NAME	Janoura, Michael	
STREET ADDRESS	7764 NW 44TH ST	STREET ADDRESS	6827 West Commercial Blvd.	
CITY-ST-ZIP	SUNRISE, FL	CITY-ST-ZIP	Tamarac, FL. 33319	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: 		Date: 1/14/05 Daytime Phone #: 954-721-9190		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				