

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K08382</b>			
1. Entity Name ROGERS REALTY, INC.			
Principal Place of Business 10233 SPYGLASS WAY BOCA RATON, FL 33498 US		Mailing Address 10233 SPYGLASS WAY BOCA RATON, FL 33498 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			01052004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2865499	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  ROGERS, MELVIN R. 10233 SPYGLASS WAY BOCA RATON, FL 33498		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>U00000003316 01/13/04-80052-005 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELVIN, ROGERS R 10233 SPYGLASS WAY BOCA RATON, FL 33498		
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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)(f), 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: <u>Melvin R. Rogers</u>		1-5-04	561-479-4624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #