2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 25, 2005 08:00 AM DOCUMENT # K18847 **Secretary of State** 1. Entity Name SATO REALTY, INC. Principal Place of Business Mailing Address 6100 HOLLYWOOD BLVD. 6100 HOLLYWOOD BLVD. **STE 201** HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0051409 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SATO, LUCY HADDOCK Street Address (P.O. Box Number is Not Acceptable) 6100 HOLLYWOOD BLVD HOLLYWOOD FL 33024 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. 1 am familiar with, and accept the obligations of registered agent. [NOTE Registered Agent aggretation total and when generating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00..... Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE Change | Addition TITLE Delete NAME SATO, LUCY HADDOCK NAME and the common that the state of the state o STREET ADDRESS 6100 HOLLYWOOD BLVD. #201 STREET ADDRESS U00000276615 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP 05/25/05-80049-001 thange 15 Addition ☐ Delete HILE SATO, LUCY HADDOCK NAME NAME 6100 HOLLYWOOD BLVD. #201 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TIDE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHTY-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 of 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 alignitive file empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE: _

FILED

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