

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


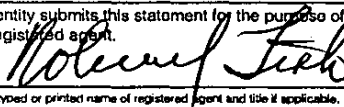
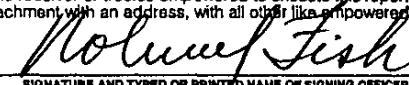
**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90050 007 \*\*\*150.00

20001214



01072005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # K52215</b>					
1. Entity Name SIDNEY FISH REALTY-FLORIDA, INC.					
Principal Place of Business 11452 BOCA WOODS LANE BOCA RATON, FL 33428			Mailing Address 11452 BOCA WOODS LANE BOCA RATON, FL 33428		
2. Principal Place of Business 5996 PINWOOD AVENUE		3. Mailing Address 5996 PINWOOD AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PARKLAND, FLORIDA		City & State PARKLAND, FLORIDA		4. FEI Number 65-0089205	
Zip 33067-3704		Country USA		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  FISH, SIDNEY 11452 BOCA WOODS LANE BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name ROBERT J. FISH Street Address (P.O. Box Number is Not Acceptable) 5996 PINWOOD AVENUE City PARKLAND FL Zip Code 33067-3704		
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 			DATE 1/7/2005		
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 NAME STREET ADDRESS CITY-ST-ZIP	PT FISH, SIDNEY 11452 BOCA WOODS LN BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISH, SARA M 11452 BOCA WOODS LN BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ROBERT FISH 5996 PINWOOD AVENUE PARKLAND, FL 33067-3704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			DATE 1/7/2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 954-575-5555		