2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K52215

1. Entity Name
SIDNEY FISH REALTY-FLORIDA, INC.

Principal Place of Business	Mailing Address
5996 PINEWOOD AVENUE PARKLAND, FL 33067	5996 PINEWOOD AVENUE PARKLAND, FL 33067

DO NOT WRITE IN THIS SPACE

01072006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0089205	Not Applicable

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

6. Name and Address of Current Registered Agent

FISH, ROBERT J
5996 PINEWOOD AVENUE
PARKLAND, FL 33067

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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 _____   1/7/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FISH, SIDNEY
STREET ADDRESS	11452 BOCA WOODS LN
CITY-ST-ZIP	BOCA RATON, FL

TITLE	VS
NAME	FISH, SARA M
STREET ADDRESS	11452 BOCA WOODS LN
CITY-ST-ZIP	BOCA RATON, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000382729
01/12/06-80025-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   1/7/06   954-720-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #