

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14488

Entity Name: 1700 REALTY CORP.

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

C/O COMMUNITY BLOOD CENTERS OF S. FL. INC.
1700 N S.R. 7
LAUDERHILL, FL 33313 US

Current Mailing Address:

C/O COMMUNITY BLOOD CENTERS OF S. FL. INC.
1700 N S.R. 7
LAUDERHILL, FL 33313 US

FEI Number: 65-0155274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROUAULT, CHARLES L
1700 N STATE ROAD 7
LAUDERHILL, FL 33313 US

New Principal Place of Business:

C/O COMMUNITY BLOOD CENTERS OF S. FL. INC.
1700 N STATE ROAD 7
LAUDERHILL, FL 33313 US

New Mailing Address:

C/O COMMUNITY BLOOD CENTERS OF S. FL. INC.
1700 N STATE ROAD 7
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: ROUAULT, CHARLES, DR, .
Address: 1700 N S.R. 7
City-St-Zip: LAUDERHILL, FL 33313

Title: DVT () Delete
Name: ERJAVEC, STEVEN,
Address: 1700 NORTH STATE ROAD 7
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: ROUAULT, CHARLES, DR, .
Address: 1700 N STATE ROAD 7
City-St-Zip: LAUDERHILL, FL 33313

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN ERJAVEC

DVT

02/04/2008

Electronic Signature of Signing Officer or Director

Date