## 2006 FOR PROFIT CORPORATION ANNUAL REPORT.

## Jan 12, 2006 08:00 AM **DOCUMENT # M00665 Secretary of State** 1. Entity Name 15020 ASSOCIATES REALTY, INC. Mailing Address Principal Place of Business 3635 E 10TH CT 3635 E 10TH CT HIALEAH, FL 33013 HIALEAH, FL 33013 No Chg-P CR2E034 (11/05) 01062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2405690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCELL, EDWARD DO NOT WRITE 3635 E. 10TH CT HIALEAH, FL 33013 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and this d applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GARCELL, EDWARD NAME STREET ADDRESS 3635 E. 10TH COURT U00000384931 01/17/06-80035-011 150.00 HIALEAH, FL COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CCTY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all out of like empowered. treo

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06

**FILED**