## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90160 048 \*\*\*150.00 DOCUMENT # M33353 1. Entity Name R & G REALTY, INC. 40000000 Principal Place of Business Mailing Address C/O JEROME S. RICHMAN C/O JEROME S. RICHMAN 19 W. FLAGLER ST, 14TH FL, BISCAYNE BLDG 19 W. FLAGLER ST, 14TH FL, BISCAYNE BLDG MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2681952 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHMAN, JEROME S Street Address (P.O. Box Number is Not Acceptable) 19 W. FLAGELR ST 14TH FLOOR MIAMI, FL 33130 Zip Code FL 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RICHMAN, JEROME S NAME NAME STREET ADDRESS 19 W FLAGLER ST, 14TH FL STREET ADDRESS MIAMI, FL 33130 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ПΠЕ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplied ental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this Paport as required by Chapter 607, Florida Statutes; and that my iname appears in Block 10 or Block 11 in changed, or on an attachment with an address with all other like among the product of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute the corporation of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of

ER OR DIRECTOR

Date

Daytime Phone #

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