2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 08:00 AM Secretary of State **DOCUMENT # M39056** 1. Entity Name S.L.R. REALTY, CORP. Principal Place of Business Mailing Address 2150 S.W. 30TH AVENUE 2150 S.W. 30TH AVENUE PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 02222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2741081 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GERTLER, LARRY DO NOT WRITE 2150 S.W. 30 AVENUE PEMBROKE PARK, FL 33009 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. SIGNATURE. 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 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME GERTLER, LARRY 2150 S.W. 30TH AVENUE STREET ADDRESS. CITY-ST-ZIP PEMBROKE PARK, FL 33009 000000293126 04/08/05-80017-002 150.00 TITLE NAME GERTLER, SAM 2150 S.W. 30TH AVENUE STREET ADDRESS CITY-ST-ZIP PEMBROKE PARK, FL 33009 TITLE GERTLER, RICHARD STREET ADDRESS 2150 S.W. 30TH AVENUE DO NOT WRITE CITY-ST-ZIP PEMBROKE PARK, FL 33009 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ate Daytime Phone #

FILED