

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M49597

FILED
Apr 14, 2004
Secretary of State

Entity Name: PAGLIARI REALTY, INC.

Current Principal Place of Business:

C/O WILLIAM J. PAGLIARI
15240 NE 2ND AVE.
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

C/O WILLIAM J. PAGLIARI
15240 NE 2ND AVE.
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 59-2791702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGLIARI, WILLIAM J.
15240 NE 2ND AVE.
NORTH MIAMI BEACH, FL 33162

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: DP () Delete
Name: PAGLIARI, WILLIAM J.,
Address: 15240 NE 2ND AVE.
City-St-Zip: N. MIAMI BEACH, FL

Title: VP () Delete
Name: PAGLIARI, MARY ANN,
Address: 15240 N.E. 2ND AVE.
City-St-Zip: N. MIMAI BCH., FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM PAGLIARI

DP

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date