

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M62971
 1. Entity Name
E F HUTTON REALTY CORPORATION

Principal Place of Business C/O RAY ABBASSI 2000 S. DIXIE HWY., SUITE 100 MIAMI, FL 33133-2441	Mailing Address C/O RAY ABBASSI 2000 S. DIXIE HWY., SUITE 100 MIAMI, FL 33133-2441
--	--



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0276120	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ABBASSI, RAY
 2000 S. DIXIE HWY.
 SUITE 100
 MIAMI, FL 33133**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	NAME ABBASSI, RAY
STREET ADDRESS 2000 S. DIXIE HWY. #100	CITY-ST-ZIP MIAMI, FL 33133
TITLE VP	NAME ABBASSI, RAY
STREET ADDRESS 2000 S. DIXIE HWY. #100	CITY-ST-ZIP MIAMI, FL 33133
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

000000107367
 04/09/04-80032-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #