## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2005 08:00 AN Secretary of State

ANNUAL REPURI	Secretary of State
DOCUMENT # P00000003024	Secretary of State
1. Entity Name	
FUTURISTA REAL ESTATE, INC.	
Matter Address	<del>-</del>
Principal Place of Business Mailing Address	
7989 NW 7 STREET	
MIAMI, FL 33126 MIAMI, FL 33126	
	.
	01062005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE	4. FEI Number Applied For
	65-0987162   Not Applicable
	5. Certificate of Status Desired \$8.75 Additional
	Fee Required
6. Name and Address of Current Registered Agent	
ARANGO, MARTHA	DO NOT WRITE
7989 NW 7 STREET	DO MOL MULLE
#7B	IN THIS SPACE
MIAMI, FL 33126	
	}
8. The above named entity submits this statement for the purpose of changing its registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	
SIGNATURE	
Signature, your or printed name of registered eigent and title if applicable (NOTE Registered Agent signature require	ed when reinstaling) DATE
	5.00 May Be
After May 1, 2005 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS	
THE PARTIES	*
NAME ARANGO, MARTHA STREET ADDRESS 7989 NW 7 ST #7B	
CITY-ST-ZIP MIAMI, FL 33126	
MLE	unannaserian
NAME	05/09/05-80025-011 150.00
STREET ADDRESS	11. 00 00000 011 100.00
CITY - ST - ZIP	
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NAME	
STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE
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STREET ADDRESS	
CITY-ST-ZIP	
MILE	
MAME	
STREET ADDRESS	}
CITY-ST-ZIP	
TITLE	· <del></del> -
NAME CTOLET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	
12 Liberaby certify that the information supplied with this filling does not quality for the exemption stated in	Section (19.07(3)(i), Florida Statutes, I further certify that the information
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in indicated on this report or supplemental report is the and accurate and that my signature shall have in of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address of the like empowered.	e same legal effect as it made under oath; that I am an officer or director
of the corporation of the receiver of trustee employeered to execute this report as required by Chapter of changed, or on an attachment with an address of the line of the empowered.	
<b>             </b>	04- 15-05 78654616
SIGNATURE:  SIGNATURE TO TYPE OUT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Disa Disyste Priorie #
Pecivido Sor 100 01.06-05	
FECTION OF THE PROPERTY OF THE	