2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 91282 027 ***100.00
05-12-2004 90207 024 ****50.00

24074877

MOORE CR2E034 (11/03)

DOCUMENT # P00000012630

1. Entity Name
REALTY MASTERS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4800 NW 2ND AVENUE STE 5 BOCA RATON FL 33431	4800 NW 2ND AVENUE STE 5 BOCA RATON FL 33431

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0979573 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPECTOE, STEVEN 4800 NW 2ND AVE STE 5 BOCA RATON FL 33431	Name PHILIP STEINFELD Street Address (P.O. Box Number is Not Acceptable) 4800 NW 2nd AVE #5 City Boca Raton FL Zip Code 33431

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 Philip Steinfeld Philip Steinfeld 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $400.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SPECTOR, STEVEN STREET ADDRESS 1161 S.W. 4TH AVENUE CITY-ST-ZIP BOCA RATON FL 33432	☒ Delete	TITLE PRESIDENT NAME PHILIP STEINFELD STREET ADDRESS 4800 NW 2nd AVE CITY-ST-ZIP Boca Raton FL 33431 #5	☐ Change ☒ Addition
TITLE ~~Sect~~ NAME ~~Philip Steinfeld~~ STREET ADDRESS ~~4800 NW 2 AVE #5~~ CITY-ST-ZIP ~~Boca Raton FL 33431~~	☐ Delete	TITLE Sect NAME Philip Steinfeld STREET ADDRESS 4800 NW 2nd Ave #5 CITY-ST-ZIP Boca Raton FL 33431	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Philip Steinfeld Sect 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Philip Steinfeld