2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000012630 FILED REALTY MASTERS OF SOUTH FLORIDA, INC. 05 NOV 16 AM 11: 14 SEGRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4800 NW 2ND AVENUE 4800 NW 2ND AVENUE STE 5 STE 5 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 11102005 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0979573 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPECTOR STEINFELD, PHILIP Street Address (P.O. Box Number is Not Acceptable) 4800 NW 2ND AVE STE 5 4800 NW 204 AVE STES BOCA RATON, FL 33431 CITY BOCA RATON Zip Code 3343/ 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 SIGNATURE STEVEN SPECTOR PRES Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Change Addition TITLE ☐ Delete STEVEN SPECTOR STEINFELD, PHILIP NAME NAME HOOD IN W 274 AYE #T BOLA RATON FL 13431 4800 NW 2ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP S ☐ Delete TITLE Addition TITLE STEVEN Spector 4800 N XX 2 24 AVE HI BOCA RATON F. (3143) STEINFELD, PHILIP NAME NAME STREET ADDRESS 4800 NW 2ND AVE #5 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP 500061482465 11/16/05--01042--003 **\$1. ■ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINT NG OFFICER OR DIRECTOR Daytime Phone