

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000021934</b> 1. Entity Name <b>ACCENT REALTY INC.</b>				<b>Jan 15, 2004 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>22735 EL DORADO DRIVE BOCA RATON, FL 33433</b>		Mailing Address <b>22735 EL DORADO DRIVE BOCA RATON, FL 33433</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0990358</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FUCHS, ALBERT 22735 EL DORADO DR BOCA RATON, FL 33433</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>(NOTE: Registered Agent signature required when constituting)</small> <small>DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<div>U000000005458 01/15/04-80051-020 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>			
TITLE	D				
NAME	FUCHS, ALBERT				
STREET ADDRESS	22735 EL DORADO DRIVE				
CITY - ST - ZIP	BOCA RATON, FL 33433				
TITLE					
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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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:  (ALBERT FUCHS) 1.14.04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					