2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # P00000069845

1. Entity Name
ADMIRAL REALTY CORP.

Principal Place of Business	Mailing Address
7100 SUNSET WAY PH-1 ST PETE BEACH, FL 33706	1065 RUSSELL STREET FRANKLIN SQUARE, NY 11010-2603

02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3664463

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, MONICA A
7100 SUNSET WAY PH-1
ST PETE BEACH, FL 33706

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000657112
03/14/07-80053-019 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	MARTIN, MONICA A
STREET ADDRESS	7100 SUNSET WAY PH-1
CITY-ST-ZIP	ST PETE BEACH, FL 33706
TITLE	S
NAME	MARTIN, DONNA M
STREET ADDRESS	14 RHODA STREET
CITY-ST-ZIP	WEST HEMPSTEAD, NY 11552
TITLE	T
NAME	MIRABILE, PATRICIA E
STREET ADDRESS	1065 RUSSELL STREET
CITY-ST-ZIP	FRANKLIN SQUARE, NY 11010
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Monica R. Martin 3/1/07 516-270-3725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #