

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90256 007 \*\*\*150.00

<b>DOCUMENT # P00000113521</b> 1. Entity Name <b>AFFORDABLE REALTY CORP.</b>					
Principal Place of Business <b>5700 PEMBROOKE RD. HOLLYWOOD, FL 33023</b>			Mailing Address <b>5700 PEMBROOKE RD. HOLLYWOOD, FL 33023</b>		
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 <b>65-1062920</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MUCCI, MARK ONE FINANCIAL PLAZA SUITE 1600 FORT LAUDERDALE, FL 33394</b>			Name <b>Mark S. Mucci</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>5561 North University Drive</b>		
			Suite 102		
			City <b>Coral Springs</b>		Zip Code <b>FL 33067</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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALLWEISS, HARRISSON</b> <b>5700 PEMBROKE ROAD</b> <b>HOLLYWOOD, FL 33023</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>DEFAUWES, VINCENT</b> <b>5700 PEMBROKE ROAD</b> <b>HOLLYWOOD, FL 33023</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <b>V. DEFAUWES</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>03-07-06</b>		Daytime Phone # <b>954-322-7515</b>

**50018994**



03022006 Chg-P CR2E034 (11/05)