2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 07, 2005 8:00 am

MUY REALTY, INC. Principal Place of Business 3251 E. 11TH AVENUE HIALEAH FL 33013 3251 E. 11TH AVENUE HIALEAH FL 33013 3261 E. 11TH AVENUE HIALEAH FL 33013 3275 E. 11TH AVENUE HIALEAH FL 33013 3. Mailing Address 1.90 W. 5 1 5T. Suite, Apt. #. etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/04) 1st MOORE CR2E034 (10/04) City & State City & State City & State City & State CHONG, JULIA CHONG, JULIA CHONG, JULIA CHONG, JULIA CHONG, JULIA CHONG, JULIA City Street Address of New Registered Agent Name CHONG, JULIA City Street Address (P.O. Box Number is Not Acceptable) City Street Address (P.O. Box Number is Not Acceptable) City Street Address of registered agent. Signature Signature
Principal Place of Business 3251 E. 11TH AVENUE HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address 1/90 W. 5 / 57 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Country Jagoria 6. Name and Address of Current Registered Agent Name CHIONG, JULIA JULIA JULIA JULIA CHOORE Street Address (P.O. Box Number is Not Acceptable) City & State of State Address of Not Acceptable of Florida. I am familiar with, and accept the obligations of registered agent. SignaTure
3251 E. 11TH AVENUE HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address 190 W. 51 5T Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State Country Zip Country Zip 330/3 Country Applied For Not Applicable See Required 6. Name and Address of Current Registered Agent This is not Acceptable Name CHIONG, JUHA Julio 190 W 51 STREET HIALEAH FL 33013 City Street Address (P.O. Box Number is Not Acceptable) 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 Signature, yeard or strited frame or registered agent and title of applicable. (NOTE Registered Agent signature required when revestating) PLE NOW!!! FEE IS 5150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Riorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
HALEAH FL 33013 HIALEAH FL 33013 HIALEAH FL 33013 HIALEAH FL 33013 Abling Address 190 W. 51 5T Suite, Apt. #, etc. Suite, Apt. #
Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For Not Applicable Applied For Not Applicable Sea. 75 Additional Fee Required Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature, hyped or printed name or registered agent and title of applicable. (NOTE Registered Agent signature required when reurgiating) PATE FILE NOW!!! FEE: IS \$150.00 After May: 1; 2005 Fee Will Be \$550.00 After May: 1; 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Suite, Apt. #, etc. Suite, Ap
City & State City & State City & State City & State Country S. Certificate of Status Desired Ser Required Ser Required Fee Required Fee Required CHIONG, JULIA Julio Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Signature, typed or printed name or registered agent and life if appicable. (NOTE Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 After May 1; 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Signature Sign
Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State. Country J. J. J. J. S. Certificate of Status Desired 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Signature, typed or protect name or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or protect name or registered agent and title of applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
CHIONG, JULIA JULIA STREET HIALEAH FL 33013 City FL Zip Code 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 Signature, typed or printed name or registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE: NOW!!! FEE: IS:\$150.00 After May, 1; 2005 Fee Will Be;\$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
CHIONG, JUHA JULIA 190 W 51 STREET HIALEAH FL 33013 City FL Zip Code 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 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, 2005 Fee Will Be: \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
190 W 51 STREET HIALEAH FL 33013 City FL Zip Code 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 Signature, typed or printed name or registered agent and title if applicable. (NOTE Registered Agent signature required when reurstating) PATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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 Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE:IS:\$150.00 After May 1; 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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 Signature, typed or printed name or registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) PATE FILE NOW!!! FEE:IS:\$150.00 After May 1; 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
the obligations of registered agent. SIGNATURE Signature, typed or printed name or registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
SIGNATURE 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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) File NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FILE NOW!!! FEE IS \$150.00 After May 1; 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D Delete TITLE Delete TADDIC Delete NAME
STREET ADDRESS 250 HUNTING LODGE DRIVE STREET ADDRESS
CITY-ST-ZIP MIAMI SPRINGS F 33166 . CITY-ST-ZIP
NAME NAME STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
NAME NAME
NAME STREET ADDRESS NAME STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 receive 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:

4/1/2005 305-556-2289
Date Daytone Phone #