

NEW ADDRESS:

400 S. FEDERAL HWY. #401
BOYNTON BEACH, FL. 33435

May 04, 2004 8:00 am
Secretary of State

05-04-2004 90156 030 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

24069031

DOCUMENT # P01000004918

1. Entity Name
REALTY ADVISORS OF THE PALM BEACHES, INC.



Principal Place of Business

Mailing Address

1010 SOUTH FEDERAL HWY.
BOYNTON BEACH, FL 33435

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BOYNTON BEACH, FL 33435

400 S. FEDERAL HWY. #401



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1071973

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEFKOWITZ, DENNIS S. ESQ
2295 CORPORATE BLVD NW STE 120
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 reorganizing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME BARLAGE, PHILIP L
STREET ADDRESS 620 EAST OCEAN AVE STE 404 35 ANNA ST.
CITY-ST-ZIP BOYNTON BEACH, FL 33435 OCEAN RIDGE, FL.
33435

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

561-732-4212

Daytime Phone #