FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025603

1. Entity Name
WESTON REALTY OF BROWARD INC.

Principal Place of Business	Mailing Address
3965 ORANGE TREE LANE WESTON, FL 33332	3965 ORANGE TREE LANE WESTON, FL 33332

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1092210

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALANTE, LISA
3965 ORANGE TREE LANE
WESTON, FL 33332

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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)

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

U00000145858
05/03/04-80041-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	GALANTE, LISA
STREET ADDRESS	3965 ORANGE TREE LANE
CITY-ST-ZIP	WESTON, FL 33332
TITLE	T
NAME	GALANTE, LISA
STREET ADDRESS	3965 ORANGE TREE LN
CITY-ST-ZIP	WESTON, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 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 the 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: Lisa Galante/Lisa Galante 4-26-04 (954) 385-1020
Signature and Typed or Printed Name of Officer or Director Date Daytime Phone #