


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90506 001 \*\*\*600.00

<b>DOCUMENT # P01000035420</b>	
1. Entity Name <b>M.S. REAL ESTATE HOLDINGS, INC.</b>	

Principal Place of Business <b>9356 TALWAY CIRCLE BOYNTON BEACH, FL 33437 831 NW 7 ter Ft Lauderdale, FL 33311</b>	Mailing Address <b>9356 TALWAY CIRCLE BOYNTON BEACH, FL 33437 831 NW 7 ter Ft Lauderdale, FL 33311</b>
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**66419876**



04152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1150884</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>SANCHEZ, JOSE M 9356 TALWAY CIRCLE BOYNTON BEACH, FL 33437</b>	<b>831 NW 7 ter Ft Lauderdale, FL 33311</b>

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SANCHEZ, JOSE M 9356 TALWAY CIRCLE BOYNTON BEACH, FL 33437 831 NW 7 ter Ft Lauderdale, FL 33311</b>
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**831 NW 7 ter  
Ft Lauderdale  
33311**

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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 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:** \_\_\_\_\_ **4-29-04 954 767 9309**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #