


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90059 011 \*\*\*158.75

<b>DOCUMENT # P01000035931</b>	
1. Entity Name 6490 REAL ESTATE INVESTMENT CO.	

Principal Place of Business <del>6470 GRIFFIN ROAD</del> DAVIE, FL 33314	Mailing Address 6470 GRIFFIN ROAD DAVIE, FL 33314
3582 West Tree Tops Ct Davie FL 33328	

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1123352	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

STRAUS, ARNOLD M JR. ESQ  
10081 PINES BLVD.  
SUITE C  
PEMBROKE PINES, FL 33024

**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 \$850.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHARTON, EDWARD <del>6470 GRIFFIN ROAD</del> 3582 W. Tree Tops Ct DAVIE, FL <del>33314</del> 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>SEISMAR, JAY</del> 6470 GRIFFIN ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JO ANN WHARTON 3582 WEST TREE TOPS CT DAVIE FL 33328
TITLE NAME STREET ADDRESS 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 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: Edward Wharton 2-14-04 354 424 1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #