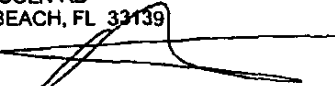
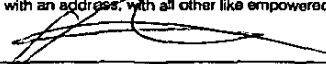


FILED
Mar 19, 2004 8:00 am
Secretary of State

03-01-2004 90037 033 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000058194		
1. Entity Name MUALEM REALTY, INC.		
Principal Place of Business 345 LINCOLN RD MIAMI BEACH, FL 33139	Mailing Address 345 LINCOLN RD MIAMI BEACH, FL 33139	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MUALEM, RONI 345 LINCOLN RD MIAMI BEACH, FL 33139		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 re-registering)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. MUALEM, RONI 345 LINCOLN RD MIAMI, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 03/15/04 Daytime Phone 305.672.7890