2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000059487

1. Entity Name
NEW YORK REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
8180 NW 36 ST, SUITE 317 MIAMI, FL 33166	8180 NW 36 ST, SUITE 317 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1133925	Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, ARELIS
8180 NW 36 ST, SUITE 317
MIAMI, FL 33166

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 1/29/04

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	JONES, ARELIS D	
STREET ADDRESS	8180 NW 36 ST, SUITE 317	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		
NAME		
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CITY-ST-ZIP		
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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: _____ Arelis D. Jones   1/29/04   305-468-9404

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