## 2004 FOR PROFIT CORPORATION ANNUAL-REPORT

## FILED May 04, 2004 8:00 am Secretary of State

05-04-2004 90208 004 \*\*\*150.00

1. Entity Name ALKING REALTY CORP.



Principal Place of Business

Mailing Address

8150 SW 8TH STREET

MIAMI, FL 33144

8150 SW 8TH STREET

203

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33144



04282004

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	65-1154146

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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REY, ALFREDO 8150 SW 8TH STREET 203 MIAMI, FL 33144				DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature	gent signature required when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Final     Trust Fund Contribution.		\$5.00 May Be Added to Fees	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REY, ALFREDO 8150 SW 8TH STREET MIAMI, FL <sup>2</sup> 33144	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s 3						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	is .			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			M+	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE				·			

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:

STREET ADDRESS CITY-ST-ZIP

SHATTER AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04

305 868 6082