
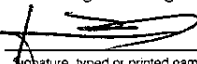
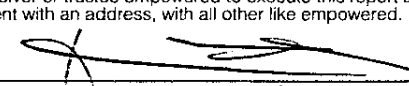


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90041 047 \*\*\*150.00

<b>DOCUMENT # P01000108261</b>			
1. Entity Name <b>VETERANS REALTY OF FLORIDA INC.</b>			
Principal Place of Business <b>605 BELVEDERE ROAD SUITE 18 WEST PALM BEACH FL 33405 US</b>		Mailing Address <b>605 BELVEDERE ROAD SUITE 18 WEST PALM BEACH FL 33405 US</b>	
2. Principal Place of Business <b>2112 S. Congress Ave</b>		3. Mailing Address <b>2112 S. Congress</b>	
Suite, Apt. #, etc. <b>Suite 202</b>		Suite, Apt. #, etc. <b>Suite 202</b>	
City & State <b>Palm Springs, FL</b>		City & State <b>Palm Springs, FL</b>	
Zip <b>33406</b>	Country <b>Palm Beach</b>	Zip <b>33406</b>	Country <b>Palm Beach</b>
6. Name and Address of Current Registered Agent  <b>PATERNOSTER, GONZALO M 10165 STONEHENGE CIR, APT 514 BOYNTON BEACH FL 33437</b>			
7. Name and Address of New Registered Agent Name <b>Paternoster, Gonzalo M</b> Street Address (P.O. Box Number is Not Acceptable) <b>9713 Majestic Way</b> City <b>Boynton Beach</b> FL Zip Code <b>33437</b>			
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  <b>Gonzalo M. Paternoster</b> DATE <b>3/10/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PATERNOSTER, GONZALO M 10165 STONEHENGE CIR, APT 514 BOYNTON BEACH FL 33437</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Paternoster, Gonzalo 9713 Majestic Way Boynton Beach, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>Gonzalo Paternoster</b> President 3/10/04 561-723-6285	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



MOORE CR2E034 (11/03)

4. FEI Number **31-1809916** Applied For  
Not Applicable

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