2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

U.S. Realty + Investments, Inc.					04-28-20	04 90230 046 **	*150.00
Principal Place 7431 Pa ORLANDO, F	e of Business who serings Circle L 32835	Mailing Address 7431 Parks Ser ORLANDO, FL 32835	ways Comple				
2. Principal F	Place of Business Park Springs Circle	3. Mailing Address	progs Chah				
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	FL	01052004	Chg-P	CR2E034 (10/03)	
City & Star	e FL	City & State		4. FEI Number	002896	A _I	oplied For of Applicable
Zip,	35 Country	32835	Country		f Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R		
3902 DEK	on, Jeffrer D. Alb Drive D. Fl. 32839	·	1	ss (P.O. Box Numbe	-)	
	·	· · · · · · · · · · · · · · · · · · ·	City	Park Sp.	1243	Zip Cod	
P The above	named entity submits this statement in	or the firemental changing to					835
	ions of registered agent,	In J. Ala	egistered driftee of regi	stered agent, or bott		25/04	and accept
diatatone	Signature, typed or printed name of registrated apoint	and title applicable (NOTE	Registered Agent signature req	uired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees		,	
TITLE	PAZSONNI	DIRECTORS Defete	TITLE	ADDITIONS/0	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-2IP	JERPREY D. PATTER 7431 Pick Syrongs CN ONLINE FL 32	ela.	NAME STREET ADDRESS CITY-ST-ZIP			ட) பங்கி	Accentain
NAME STREET DORESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-142		☐ Delete	CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Li Duete	NAME STREET ADDRESS CITY-ST-ZIP			Land Ortaling C	
TITLE		☐ Defete	TITLE			☐ Change	Addition
NAME _street address city-st-zip		ر پانگان می بیاند. در میاند	NAME STREET ADDRESS :	<u> </u>	rā u <u>ģar</u> — m _{ere}		المستحدث
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Cnange	Addition
CITY-ST-ZIP			CTY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that me	v <i>i</i> sionaturé snali have t	he same legal effect	as if made under o	ath: that I am an officer	or director
JIGHA	SIGNATURE AND TYPED OF	PINTED NAME OF SIGNING OFFICED O	A DECTOR		Date	Dayrime Phone #	