


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90047 021 ***150.00

DOCUMENT # P02000006976	
1. Entity Name FIRST GUARANTY REALTY, INC	

Principal Place of Business 12550 BISCAYNE BLVD SUITE 500 NORTH MIAMI, FL 33181	Mailing Address 12550 BISCAYNE BLVD SUITE 500 NORTH MIAMI, FL 33181
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94060700

2. Principal Place of Business 1911 HARRISON STREET	3. Mailing Address 1911 HARRISON STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.




04202004 Chg-P CR2E034 (10/03)

City & State HOLLYWOOD, FLORIDA	City & State HOLLYWOOD, FLORIDA
Zip 33020	Country U.S.A.

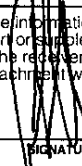
4. FEI Number 36-4492410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBS, ERIC A ESQ LAW OFFICES OF ERIC A. JACOBS PA 12550 BISCAYNE BLVD SUITE 500 NORTH MIAMI, FL 33181	
7. Name and Address of New Registered Agent Name JACOBS, ERIC A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 1911 HARRISON STREET City HOLLYWOOD FL Zip Code 33020	

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 	DATE 04/19/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, ERIC 12550 BISCAYNE BLVD SUITE 500 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JACOBS, ERIC A. 1911 HARRISON STREET HOLLYWOOD, FL 33020 <input checked="" 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
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: 	Date 04/19/04 (954) 929-0679 Daytime Phone #