2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90003 046 ***158.75

DOCUMENT # P02000008362

1. Entity Name
RYKEL REAL ESTATE, INC.

Principal Place of Business	Mailing Address
~~8400 N. UNIVERSITY DR., #106~~ ~~TAMARAC, FL 33321~~	~~8400 N. UNIVERSITY DR., #106~~ ~~TAMARAC, FL 33321~~

02022004 Chg-P CR2E03- (10/03)

2. Principal Place of Business	3. Mailing Address
1451 W. Cypress Creek Rd.	1451 W. Cypress Creek Road
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Ft. Lauderdale FL	City & State Ft.
Zip 33309 Country USA	Zip Country USA

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $ .75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFAN, TODOR
~~8400 N. UNIVERSITY DR., #106~~ same as above
~~TAMARAC, FL 33321~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: X John Regan Pres. 2/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEFAN, TODOR 7800 N. UNIVERSITY DR #301 TAMARAC, FL 33321	☒ Delete	John Regan President 1451 W. Cypress Creek Rd. Ft. Lauderdale, FL 333(	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEFAN, GEORGE 8400 N. UNIVERSITY DR., #106 TAMARAC, FL 33321	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: X John Regan Pres. 2/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date