2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000018834 1. Entity Name PALMETTO BAY REALTY, INC. Principal Place of Business 9811 WAYNE AVE PALMETTO BAY, FL 33157 Mailing Address 9811 WAYNE AVE PALMETTO BAY, FL 33157 O4192005 4. FEI Number 41-2028

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90251 047 ***150.00

E SHILL WHILL

CR2E034 (10/03)



5. Certificate of Status Desired .

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDEO, DIPRAJH V 9811 WAYNE AVE PALMETTO BAY, FL 33157

DO NOT WRITE IN THIS SPACE

No Chg-P

			IIIIS SPACE
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE DIPRASH V. BALDEO Signature, typed or printed name of registered agent and title		Agent signature required when reinstating)	4/18/05 DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRE	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP PV Ce President BALDEO, DIPRAJH V 9811 WAYNE AVE PALMETTO BAY, FL 33157			
IIILE NAME President Mohanee Baldeo STREET ADDRESS 9811 Wayne Ave CITY-SI-ZIP Palmetto Boy H 3	7157		
TITLE NAME STREET ADDRESS		DO.	NOT WRITE
CITY-ST-ZIP			NOI WHILE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. Thereby certify that the information supplied with this indicated on this report or supplemental report is true	filing does not qualify for the exert	option stated in Section 119.07(3)	(i), Florida Statutes. I further certify that the information

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 emowered 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 accurate and other like empowered.

SIGNATURE 2

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. 4/18/04, 305-255-554.

Daytime Phone #