NAME STREET ADDRESS **FILED** 4M

ANNUAL REPORT				Jan 21, 2005 08:00 A			
1. Entity Nan	MENT # P020000291 M REAL ESTATE CORPORA				Sec	retary	of State
6635 W. CO	mmercial BLVD., STE. 219 L 33319	Mailing Address 6635 W. COMMERCIAL BLVD., STE. 2 TAMARAC, FL 33319	219				
DO NOT WRITE IN THIS SPA			·. ;	01182005	No Chg-P	CR2E034 (10	
				37-14262 5. Certificate of		\$8.75 Fee Re	Not Applicable 5 Additional equired
	6. Name and Address of Current Re	gistered Agent					
EXILUS, HERMIN 2321 SW 82 WAY POMPANO BEACH, FL 33068					IOT WE		
8. The above the obligat SIGNATURE.	named entity submits this statement for the lions of registered agent. Significantly, pool or printed name or registered agent and	> HERMINES	ce or register <u>LLL</u> signature required	ed agent, or both, i		da. I am Iamilian	•
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.	00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS		!	 .		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EXILUS, HERMIN 2321 SW 82 WAY POMPANO BEACH, FL 33068				110000101 8-24/05 (U	860039-006 80039-006	150.00
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-		•
TITLE		• 1					

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: HERMIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-18-05 854)7 Daytime Phone #