2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 All Secretary of State

ANNUAL REPORT				Apr 30, 200 / 00.0		
1. Entity Nar	IMENT # P0200003246 ER REALTY CORP.	65		Se	ecretary of St	
3060 HAMP	PTON PLACE	tailing Address 3060 HAMPTON PLACE 30CA RATON, FL 33432] 	Ba kina irak bank anna benkal il ibbi	
	O NOT WOITE II	ú Tuio obá		02192007 No Chg-P	CR2E034 (11/05)	
L	OO NOT WRITE II	n ihis spa	GE	4. FEI Number 02-0567394 5. Certificate of Status Desired [Applied For Not Applicable \$8.75 Additional Fee Required	
3060 HAM BOCA RA	R, KENNETH IPTON PLACE TON, FL 33432 e named entity submits this statement for the place of registered agent.	ourpose of changing its register	ed office or register	DO NOT WR IN THIS SPA	CE	
SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent signature required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00		00 May Be ed to Fees		
10.	OFFICERS AND DIREC	TORS	ξ' · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P KONSKER, KENNETH 3060 HAMPTON PLACE BOCA RATON, FL 33432			U0000074 05/15/07-80	1139 016-004 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE						
NAME STREFT ADDRESS CITY-ST-ZIP				DO NOT WR	54 1 A 1 1 1	
TITLE NAME STREET ADDRESS DITY-ST-ZIP				IN THIS SPA	CE	
TITLE NAME STREET ADDRESS			. :			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 object like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP

NATURE OF THE STATE OF THE STAT

4/5-101

De1-488-18C1