## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P02000067374 1. Entity Name 04-05-2004 90026 010 \*\*\*150.00 REALTY TRUST FUND, INC. Principal Place of Business Mailing Address 326 HARRISON ST., #303 326 HARRISON ST., #303 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 54026991 2. Principal Place of Busine 2455 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 43-1964496 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3*020* US Fee Required Drowos 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINE, JEWEL H ot Acceptable) 326 HARRISON STREET, #303 HOLLYWOOD, FL FL 33019 Zip Code 33 | 60 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. 4/2/04 SIGNATURI of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 16-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE P/B ☐ Delete TITLE Change ☐ Addition FINE, JEWEL H NAME NAME STREET ADDRESS 326 HARRISON STREET, #303 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

**FILED** 

4/2/04 954-925-9797
Date Dayline Prone #