FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P020000 673 1. Entity Name

FILED Mar 07, 2003 8:00 am Secretary of State

Realty Trust Fund, Inc.					03-07-2003 90138 049 ****150.00	
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 326 Harrison Suite, Apt. #, etc. 3. Mailing Address 326 Harrison Suite, Apt. #, etc. 303				DO NOT WRITE IN THIS SPACE		
City & Sta Hally	wood, Fl,	City & State	od	F1	4. FEI Number 43 - 196 4496	Applied For Not Applicable
Zip () 330	19 Brownd	33019	Brown	"vard	5. Certificate of Status Desired	3.75 Additional e Required
		7. Name and Address of Current Registered A	gent			
DO NOT WRITE Street Address (F				20 Box Number is Not Acceptable)		
IN THIS SPACE					Harrison St. #303	
			n.	City LL 11	, d 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						
Sgrature, typed or privad name of registered agent and title if applicable. (NOTE: Registered Agent signature required January 1: May 1: Fee its \$150.00 After May 1: Fee its \$550.00 Amended UBR its \$61:25 Make Check Payable to Florida Department of State.				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND D		40700000000	Continue Commence of a least on the continue of		
NAME	President	w/.>x/>	PILE RAME			a dic
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CITY-ST-ZIP			CITY-	ST-ZP		
TITLE NAME			- TITLE NAME			

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 on an attachment with an address, with all effect like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR