


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State


DOCUMENT # P02000068405
1. Entity Name
22 REALTY MANAGEMENT CORP.



Principal Place of Business: C/O BROAD AND CASSEL
201 S BISCAYNE BLVD, STE 3000
MIAMI, FL 33131

Mailing Address: C/O BROAD AND CASSEL
201 S BISCAYNE BLVD, STE 3000
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0110832 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 S BISCAYNE BLVD, STE 3000
MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000214112
02/03/05-80098-007 158.75
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

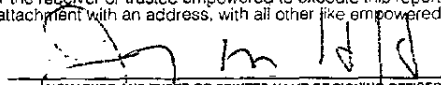
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAFT, CLAYRE UNIT 1203-3 GROVE ISLE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD HAFT, JAY M UNIT 1203-3 GROVE ISLE COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  JAYM HAFT 2/2/05 646 431 5116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #