## 2004 FOR PROFIT CORPORATION

## Jul 06, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000075984 1. Entity Name 07-06-2004 90113 043 \*\*\*150.00 HUGHES REALTY GROUP, INC. Principal Place of Business Mailing Address 169 TEQUESTA DR 169 TEQUESTA DR 11E 11E TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 22-3858784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMULLEN, SCOTT L 505 S FLAGLER DR, STE 1100 Street Address (P.O. Box Number is Not Acceptable) W PALM BCH, FL. 33401 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPST TITLE ☐ Delete Change HUGHES, THOMAS J NAME NAME STREET ADDRESS 957 TOWN HATE AVE 428 Pumpkin DRIVE PALM BEACH GARDENS, FL STREET ADDRESS CITY-ST-ZIP JUP 11 EL 61 90468 CITY-ST-7IP TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ₹ITI F ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS omas de la Ca CITY-ST-ZIP 30 - 186 31 5' 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 eath; 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 AND ED MANE OF SIGNING OFFICER OR DIRECTOR

561-741-4422 Pauline Phone #

FILED