## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

Daytime Phone #

1. Entity Nam	MENT # P020000899 s realty, inc.	68			Secretary of State
Principal Plac 5728 MAJOR ORLANDO, F	BLVD STE 601	Mailing Address 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819	* · · · · · · · · · · · · · · · · · · ·		
	O NOT WOITE	IN THE CDA	~ <u></u>	03192004	No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPAC			UE	4. FEI Number Applied For 22-3866501 Not Applicabl  5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHATIB, RASHID A 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819			DO NOT WRITE IN THIS SPACE		
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)  DATE  UD0000116840					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	0.00 May Be ded to Fees	04/ĭ6/04-80081-007 150.00
10. TIFLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI D KHATIB, RASHID A 5728 MAJOR BLVD STE 601 ORLANDO, FL 32819	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					OCCUPATION OF THE PROPERTY OF
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Rorida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR