

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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06082004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000092490			
1. Entity Name HOUSE TO GO REALTY INC.			
Principal Place of Business 4806 BRIGHTMOUR CIR. ORLANDO, FL 32837		Mailing Address 4806 BRIGHTMOUR CIR. ORLANDO, FL 32837	
2. Principal Place of Business 7751 Kingspointe PKwy		3. Mailing Address 7751 Kings pointe PKwy	
Suite, Apt. #, etc. # 105		Suite, Apt. #, etc. 105	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32837	Country ORANGE	Zip 32837	Country ORANGE
4. FEI Number 00-0000000 83-0358579		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IMANI, SHIRIN 4806 BRIGHTMOUR CIR. ORLANDO, FL 32837		7. Name and Address of New Registered Agent FARIBORZ M. FARD 7751 Kingspointe PKwy. Suite # 105 ORLANDO FL 32837	
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 <u><i>[Signature]</i></u> DATE 6-12-04 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 - Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARIBORZ, M. FARD 4806 BRIGHTMOUR CIR. ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6/18/04 90004 046 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: <u><i>[Signature]</i></u>		DATE: 6-12-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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