


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90063 036 ***150.00

DOCUMENT # P02000098860	
1. Entity Name ELEY ROZEN REALTY, PA	

Principal Place of Business 1520 E. SUNRISE BLVD FT. LAUDERDALE, FL 33304	Mailing Address 1520 E. SUNRISE BLVD FT. LAUDERDALE, FL 33304
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2. Principal Place of Business 20515 E. Country Club Dr. Suite, Apt. #, etc. # 2248 City & State Aventura Zip 33180	3. Mailing Address 20515 E. Country Club Dr. Suite, Apt. #, etc. # 2248 City & State Aventura, FL Zip 33180
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01142004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2294141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, JEROME L 7880 N. UNIVERSITY DRIVE 201 TAMARAC, FL 33321	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P ROZEN, ELEY 1520 E. SUNRISE BLVD FT. LAUDERDALE, FL 33304		20515 E. Country Club Dr # 2248 Aventura, FL 33180	
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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)(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: Eley Rozen **Eley Rozen** **1/14/04**

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