2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000098860

1. Entity Name
ELEY ROZEN REALTY, PA

14018497

Principal Place of Business	Mailing Address
~~20515 E. COUNTRY CLUB DR.~~ ~~#2248~~ ~~MIAMI, FL 33180~~	~~20515 E. COUNTRY CLUB DR.~~ ~~#2248~~ ~~MIAMI, FL 33180~~

07072005   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4491 S. State Road 7	7880 N. University Drive
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 201
City & State Davie, FL	City & State Tamarac, FL
Zip 33314	Country	Zip 33321	Country

4. FEI Number
56-2294141

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐   **$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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ROZEN, ELEY		NAME	9401 Lime Bay Blvd #203	
STREET ADDRESS	~~20515 E COUNTRY CLUB DR., #2248~~		STREET ADDRESS	Tamarac, FL 33321	
CITY-ST-ZIP	~~MIAMI, FL 33180~~		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ 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-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #