2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Apr 16, 2004 08:00 AN Secretary of State **DOCUMENT # P02000104117** SOUTHERN REALTY SERVICES INC. Principal Place of Business Mailing Address 11577 GORHAM DRIVE 11577 GORHAM DRIVE COOPER CITY, FL 33026 COOPER CITY, FL 33026 04132004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1443448 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHERR, CYNTHIA L DO NOT WRITE 5346 SW 34 TERRACE FORT LAUDERDALE, FL 33312 IN THIS SPACE 1. 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. CATE (NOTE: Registered Agent signature required when reinstating) \$5,00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing U000000115141 Trust Fund Contribution. Added to Fees 04/16/04-80011-023 150.00 OFFICERS AND DIRECTORS 10. 3177 F ROTHERMEL, WALTER FJR NAME STREET ADDRESS 11577 GORHAM DRIVE CITY-ST-ZP COOPER CITY, FL 33026 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE HALE.

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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: &

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNERS OFFICER OR DIRECTOR

/14/04 (954)483-51

FILED