2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2004 8:00 am Secretary of State DOCUMENT # P02000108032 1. Entity Name 04-01-2004 90002 048 ***150.00 GREENBERG REALTY HOLDINGS, INC. Principal Place of Business Mailing Address 1242 N. UNIVERSITY DRIVE PLANTATION FL 33322 1242 N. UNIVERSITY DRIVE 54024803 PLANTATION FL 33322 3. Mailing Address 2. Principal Place of Business Suite, 4300 N. UNIVERSITY DR Suite, 4300°N. UNIVERSITY DR MOORE CR2E034 (11/03) SUITE D-106 SUITE D-106 City & SLAUDERHILL, FL 33351 4. FEI Number Applied For City & LAUDERHILL, FL 33351 02-0649142 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Broward Fee Required Browas 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Green hera GREENBERG, JOEL E ESQ. Street Address (P.O. Box Number is Not Acceptable) 1242 N. UNIVERSITY DRIVE 4300 N. UNIVERSITY DR **PLANTATION FL 33322** SUITE D-106 LAUDERHILL, FL 33351 City 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 d or printed name of registered agent a FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Greenberg, Joel E. 🔀 Change Addition TILE ☐ Delete TITLE NAME NAME GREENBERG, JOEL E 4300 N. UNIVERSITY DR 1242 N. UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS **SUITE D-106** PLANTATION FL 33322 City-St-ZiP CITY-ST-ZIP LAUDERHILL, FL 33351 TITLE X Delete Change | Addition NAME GREENBERG, BURTON D NAME 1242 N. UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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.

FILED