2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Feb 23, 2004 8:00 am **Secretary of State** DOCUMENT # P03000018010 02-23-2004 90052 042 ***150.00 PHILIP REALTY CORP. Principal Place of Business Mailing Address **801 N.E. 167TH STREET** 801 N.E. 167TH STREET 2ND FLOOR * 2ND FLOOR NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business 3. Mailing Address 21396 Marina Cove Circle P.O. Box 968 Suite, Apt. #, etc. Suite, Apt. #, etc. Hallandale, Fl 33008⁰²¹⁶²⁰⁰⁴ Cha-P CR2E034 (10/03) Unit J-12 City & State City & State 4. FEI Number 59- 3767068 Applied For Aventura, F1 33180 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Alan M. Slewett SLEWETT, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 21396 Mari na Cove Circle, Unit J-12 801 N.E. 167TH STREET 2ND FLOOR NORTH MIAMI BEACH, FL 33162 Aventura, Fl 33180 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 2/16/04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Delete TITLE ☐ Addition Slewett, Philip J. SLEWETT, PHOLIP J NAME 3037 N.E. 183rd Lane Aventura, F1 33160 STREET ADDRESS C/O 801 N.E. 167TH STREET, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 CITY-ST-7IP SD ☐ Delete TITI F ☐ Change Addition SLEWETT, ALAN M NAME NAME Slewett, Alan M. C/O 801 N.E. 187TH STREET, 2ND FLOOR STREET ADDRESS STREET ADDRESS 21396 Marina Cove Circle Unit J-12 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33162 CITY-ST-ZIP TITLE Aventura, F1 33180 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP "CITY-ST-ZIP -TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TID F Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-7IP CITY+ST-7IP 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.

2/16/04

(305) 466-3401

Daytime Phone 4

FILED