


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 001 ***150.00

DOCUMENT # P03000025615 1. Entity Name REAL PROPERTY TRUSTEE COMPANY																																																							
Principal Place of Business 15476 N.W. 77 COURT #401 MIAMI, FL 33016		Mailing Address 15476 N.W. 77 COURT #401 MIAMI, FL 33016																																																					
2. Principal Place of Business 8004 N.W. 154 Street Suite, Apt. #, etc. No. 372		3. Mailing Address 8004 N.W. 154 Street Suite, Apt. #, etc. No. 372																																																					
City & State Miami Lakes Fla. Zip 33016		City & State Miami Lakes, Fla. Zip 33016																																																					
4. FEI Number 56-2350320		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 ROCKFORD, ARNOLD ESQ. 15476 N.W. 77 COURT #401 MIAMI, FL 33016		7. Name and Address of New Registered Agent Name ARNOLD ROCKFORD, Esq. Street Address (P.O. Box Number is Not Acceptable) 8004 N.W. 154 Street No. 372 City Miami Lakes FL Zip Code 33016																																																					
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 ARNOLD ROCKFORD, Esq. DATE 1/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																							
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																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE ARNOLD ROCKFORD, Esq. - President NAME 8004 N.W. 154 Street No. 372 STREET ADDRESS Miami Lakes, Fla. 33016 CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>		TITLE ARNOLD ROCKFORD, Esq. - President NAME 8004 N.W. 154 Street No. 372 STREET ADDRESS Miami Lakes, Fla. 33016 CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Delete	11. 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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: ARNOLD ROCKFORD, Esq. DATE 1/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																							