

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90036 036 \*\*\*150.00

**DOCUMENT # P03000025843**

1. Entity Name  
**THE WEISSER REALTY GROUP, INC.**



**40005759**

Principal Place of Business  
**18301 BISCAYNE BLVD., 2ND FLOOR  
NORTH MIAMI BEACH, FL 33160**

Mailing Address  
**18301 BISCAYNE BLVD., 2ND FLOOR  
NORTH MIAMI BEACH, FL 33160**

2. Principal Place of Business  
**801 NE 167 St  
2nd Floor**

3. Mailing Address  
Suite, Apt. #, etc.

01192005 Chg-P CR2E034 (10/03)

City & State  
**No Miami Beach**  
Zip  
**33162**

City & State  
**FL 33162**  
Zip  
Country

4. FEI Number  
**56-2333633**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEISSER, MICHAEL H  
18301 BISCAYNE BLVD., 2ND FLOOR  
NORTH MIAMI BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name  
**Michael H Weisser**  
Street Address (P.O. Box Number is Not Acceptable)  
**801 NE 167 St, 2nd Floor**  
City  
**No Miami Beach** FL Zip Code  
**33162**

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 Michael H Weisser DATE 1-18-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISSER, MICHAEL H			NAME			
STREET ADDRESS	801 N.E. 167TH ST., 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISSER, DARIA S			NAME			
STREET ADDRESS	801 N.E. 167TH ST., 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISSER, JUSTIN P			NAME			
STREET ADDRESS	801 N.E. 167TH ST., 2ND FLOOR			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33612			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-18-05 Daytime Phone # 305-692-9110