


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90026 015 \*\*\*150.00

**DOCUMENT # P03000034675**

1. Entity Name  
**CHARLES SIMON REALTY, INC.**



Principal Place of Business      Mailing Address

**23104 VIA STEL**      **23104 VIA STEL**  
**BOCA RATON, FL 33433 US**      **BOCA RATON, FL 33433 US**

**40010286**



2. Principal Place of Business      3. Mailing Address

**2200 N. FEDERAL HWY**      **2200 N. FEDERAL HWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**221**      **221**

01262005      Chg-P      CR2E034 (10/03)

City & State      City & State

**BOCA RATON FL**      **BOCA RATON, FL**

Zip      Country      Zip      Country

**33431**      **PALM BEACH**      **33431**      **PALM BEACH**

4. FEI Number      Applied For

**45-0508687**       Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMON, CHARLES MR.**  
**23104 VIA STEL**  
**BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 *Charles Simon*      DATE **1/28/05**

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

TITLE	PM	<input type="checkbox"/> Delete
NAME	<b>SIMON, CHARLES</b>	
STREET ADDRESS	<b>23104 VIA STEL</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, CHARLES</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Charles Simon*      **CHARLES SIMON**      DATE **1/28/05**      DAYTIME PHONE **(561) 395-5599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR