

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 26, 2005  
Secretary of State**

DOCUMENT# P03000034675

Entity Name: CHARLES SIMON REALTY, INC.

**Current Principal Place of Business:**

2200 N. FEDERAL HWY  
221  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2200 N. FEDERAL HWY  
221  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 45-0508687      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PM ( ) Delete  
Name: SIMON, CHARLES  
Address: 23104 VIA STEL  
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MRS ( ) Change (X) Addition  
Name: SIMON, BARBARA SEC  
Address: 23104 VIA STEL  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES SIMON

PM

08/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date