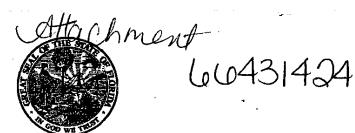
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 05, 2004 8:00 am Secretary of State

 Entity Name 	MENȚ # P03000054 S REALTY REFERRAL G			07-06-2004 90145 001 ***300.00				
Principal Place of Business Mailing Address 1801 N PINE ISLAND RD 1801 N PINE ISLAND RD PLANTATION, FL 33322 PLANTATION, FL 33322				I MAII PRI IM	66431424			
Principal Place of Business 3. Mailing Address			·					
			- I Maharan in C	07012004 Chg-P CR2E034 (10/03)				
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City & State	City & State City & State		•	80-14	05352		Applied For Not Applicable	
Zip	Country	Zip	Country	1	f Status Desired	□ \$8.75	Additional suired	
	6. Name and Address of Curren	nt Registered Agent	Name_ /	7. Name and /	ddress of New R			
1801.N.PIN	DNE, ANTHONY NE ISLAND RD ON, FL 33322		- Street Add	OPON PIN 210	I Not Acceptable	o Ro		
			City PL	ANTATIO		FL Z	33322	
8. The above the obligati	named entity submits this statement ions of registered agent.	Dal and	<u> </u>			7/14/0	4	
the obligati SIGNATURE_	named entity submits this statement ions of registered agent. Summers, reped to prende represent registered agent. LE NOW!!! FEE IS \$150.00 up by September 8, 2004	Dal and	DTE: Recolation Apost signalure in page 1			7/14/0 Mate with s. 607.193(2 not receive the p	Y	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 8, 2004

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PARTNERS REALTY REFERRAL GROUP, INC. 1801 N PINE ISLAND RD PLANTATION, FL 33322

Subject: PARTNERS REALTY REFERRAL GROUP, INC.

Reference Number:

P03000054615

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$300.00 of which \$150.00 has been designated to file this report. However, the enclosed annual report/uniform business report https://doi.org/10.2016/jnas.org/ been filed and a copy is being returned to you for the following correction(s):

The new registered agent must sign accepting the designation.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

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If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

07/30/04 FRI 10:11 FAX 518 447 4891 IRS

#1030000**5**4615

INTERNAL REVENUE SERVICE BROOKHAVEN IRS CAMPUS PO BOX 9003 HOLTSVILLE, NY 11742 FAX: (631) 687-3990 PHONE: 1-600-829-4833

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IRS Employee # 0134356695 Team # 205

3rd Party Request for Missing Information to Validate Internet EIN

To: Barbara Cordileone

Today's Date: July 80, 2004

Enu 054-343-4449

Response Due: August 13, 2004

You applied for an EIN on the Internet as a 3rd party. We are unable to validate the provisional EIN provided to you for your client because we need more information.

Taxpayer / Business Name: Partners Realty Referral Group Inc.

Date of I-EIN Application: July 26, 2004

in order to validate the EIN, please FAX the following to 631-687-3990 within 10 business days:

- Completed Coversheet
- . Completed Form SS-4 signed by the texpayer authorizing you to receive the EIN for them.
- Your phone number and the best time to call you so we can quieldy obtain the necessary information and validate the new EIN for your client.
- Additional information requested below.

Failure to respond within the required timeframe may result in the cancellation of your I-EIN.

The name and Employer identification Number (EIN) provided for Line 7 do not match our records. Please verify the information you provided and return the Form SS-4 to us with the corrected information.

Please complete the following before faxing back information:

Provisional EIN:

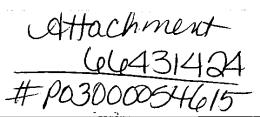
3rd Party Phone Number

Best time to call:

154-914:5755

This operations in intended for the pole use of the individual to reliant it is addressed and may contain information that is privileged, confidential and cummy found displacement and experiments by the consequent for a copyring of this contraction may be a particly problem. If you have received this communication in error, please notify the spender instruction by the legibles, and return the contraction to the address show via the United States Pound Service. These you.

PAGE 01/01



Form SS	5-4	Application for Employer Identification Number					EIN		
(Rev. Decem Department o	ber 2001)	(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)					20-1405352		
Treasury Internal Reve	enue Service	► See separate instructions for each line. ► Keep a copy for your records.				OMB No. 1545-0003			
	ame of entity (or indi	vidual) for whom the EIN is roup Inc	peing requested						
2 Trade na	ame of business (if d	ifferent from name on line 1)	3 Executor, trustee, "care of" name Karen Waltmueller					
	address (room, apt N Pine Island Rd Sui	., suite no. and street, or P.0 te 210	D. box)	5a Street address (if different) (Do not enter a P.O. box)					
	tate, and ZIP code tion FL 33322 -			5b City, state, and ZIP code					
	and state where prin Broward State	cipal business is located FL							
	of principal officer, g ny F Cordileone	eneral partner, grantor, owr	er, or trustor	7b* SSN, ITIN, EIN 92-0193195					
	of entity (check only oprietor (SSN)	one)		Estate (SSN of decedent)					
Partner				Plan administrator (SSN) Trust (SSN of grantor)					
Corpora	ation (enter form num	nber to be filed) P03000	054615	National Guard	State/local	government			
Persona	al Service			Farmers' cooperative		vernment/militar			
	or church-controlled			F REMIC		l government/en	terprises		
Other n	onprofit organization specify). ►	(specify)		Group Exemption N0. (GEN)	•		<u> </u>		
	rporation, name the : le) where incorporate	state or foreign country ed	State FL		Foreign countr	у			
	for applying (check		Ţ.	Banking purpose (specify purp	ose) 🕨				
	new business (speci	ify type)		Changed type of organization	(specify new type)	} ►			
	Estate Referral			Purchased going business	_				
	mployees (Check the ance with IRS withho	e box and see line 12)		Created a trust (specify type) Created a pension plan (speci					
Other (s	ance with incomiting specify). ▶	numy regulations	•	Oreated a pension plan (speci	iy type; -				
10* Date b		equired (month, day, year)	· .	11* Closing month of accour	nting year				
		s were paid or will be paid (esident alien. (month, day,)		lote:If applicant is a withholding	agent, enter date)			
		es expected in the next twe aployees during the period,			Agriculture	Household	Other		
		bes the principal activity of	our business	- Health care & soci		Wholesale-a			
Constru			portation & warehou		food service	Wholesale-c	other		
Real es Cother (s		ufacturing Finan	ce & insurance	☐ Retail					
-15* Indica		erchandise sold; specific con	nstruction work done	e; products produced; or service	s provided.		4		
		oplied for an employer identi	fication number for t	his or any other business?		es T No			
Note If "Ye	s" please complete i	ines 16b and 16c							
Legal nam		ealty Group Inc	il name and trade na	ame shown on prior application	if different from lin	e 1 or 2 above.			
			application was file	ed. Enter previous employer ide	ntification number	if known.			
Approxima	ate date when filed (i 10 2003	month, day, year) City	and state where file antation FL	d Pr	evious EIN 92 - 0193195				
				e the entity's EIN and answer quest		letion of this form			
Third	Designee's name				<u>`</u>		nclude area code)		
Party	Barbara Cordileon				1	,	A 2		
Designee	Address and ZIP co		n		Designee's fa	14 - 5755 ix number (include	7-5117) area code)		
Under nanel	1801 N Pine Island			of my knowledge and belief, it is true	(954) 34	13 - 4443			
correct, and			, and to the dest	er my morrouge and peich, it is all	Applicant's tel	ephone number (ir	iclude area code)		
	JANA.	TO C	ML		(954)34 9-5	3 - 4440 M			

Attach ment (06431424 26,2004 GMT

Signature Not Required

Applicant's fax number (include area code) (954) 343 - 4443

4+ PO3 00054615

Internal Revenue

Digita Daily

1 |

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-1405352

Today's Date is: July 26, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4

Fill Out Another Form SS-4

Click <u>here</u> to return to the Internet Employer Identification Number landing (start) page.