

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000062023 1. Entity Name ANDSOF REALTY, INC.				FILED CLERK OF STATE DIVISION OF CORPORATIONS 04 JUN 25 PM 3:03	
Principal Place of Business 1110 BRICKELL AVE STE. 315 MIAMI, FL 33131		Mailing Address 1110 BRICKELL AVE STE. 315 MIAMI, FL 33131		 06242004 Chg-P CR2E034 (10/03)	
2. Principal Place of Business 14201 SW 152nd AVE Suite, Apt. #, etc.		3. Mailing Address 14201 SW 152nd AVE Suite, Apt. #, etc.			
City & State Miami, FL Zip Country 33196		City & State Miami, FL Zip Country 33196			
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROSE, G. DENNIS 1450 MADRUGA AVE SUITE 207 CORAL GABLES, FL 33146			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROA, SONIA 1110 BRICKELL AVE/ STE 315 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roa, Sonia 14201 SW 152nd AVE Miami, FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ Date _____ Daytime Phone # _____					