
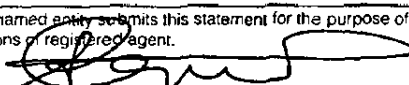
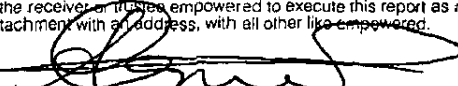


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

4/5/

04-05-2004 90347 001 ***317.50

DOCUMENT # P03000082702					
1. Entity Name PREFERRED REALTORS & ASSOCIATES, INC.					
Principal Place of Business 2350 SW 123RD AVENUE MIAMI, FL 33175			Mailing Address 2350 SW 123RD AVENUE MIAMI, FL 33175		
2. Principal Place of Business 9745 SUNSET DR #209			3. Mailing Address		
Suite, Apt. #, etc. MIAMI, FL			Suite, Apt. #, etc.		
City & State			City & State		
Zip 33173	Country USA	Zip	Country	4. FEI Number 20-0142933	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARNERO, SISI 2350 SW 123RD AVENUE MIAMI, FL 33175			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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 reappointing.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	CARNERO, SISI	2350 SW 123RD AVENUE	MIAMI, FL 33175		
	VP	CARNERO, SISI	2350 SW 123RD AVENUE		
	S	CARNERO, SISI	2350 SW 123RD AVENUE		
	T	CARNERO, SISI	2350 SW 123RD AVENUE		
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: 3/31/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Typed Name		

66417551



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