

2004 FOR PROFIT CORPORATION ANNUAL REPORT


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

4/5/04

04-05-2004 90347 001 ***317.50

DOCUMENT # P03000082702

1. Entity Name
PREFERRED REALTORS & ASSOCIATES, INC.



Principal Place of Business Mailing Address
2350 SW 123RD AVENUE **2350 SW 123RD AVENUE**
MIAMI, FL 33175 **MIAMI, FL 33175**

66417551



2. Principal Place of Business 3. Mailing Address
9745 SUNSET DR #209 Suite, Apt. #, etc.
 Suite, Apt. #, etc. City & State
MIAMI, FL City & State
 Zip Country Zip Country
33173 **USA**

03242004 Chg-P CR2E034 (10/03)

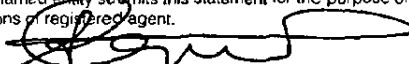
4. FEI Number Applied For
20-0142933 Not Applicable

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

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
 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: 

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, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CARNERO, SISI STREET ADDRESS 2350 SW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CARNERO, SISI STREET ADDRESS 2350 SW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33175	<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 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

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 Date Daytime Phone #