


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90070 022 \*\*\*150.00

<b>DOCUMENT # P03000083677</b>		
1. Entity Name 1ST AMERICAN GROUP & INVESTMENTS REALTY, INC.		

Principal Place of Business 3400 GALT OCEAN DRIVE 409-S FT. LAUDERDALE, FL 33308	Mailing Address 3400 GALT OCEAN DRIVE 409-S FT. LAUDERDALE, FL 33308
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2. Principal Place of Business <u>218 COMMERCIAL BLVD.</u>	3. Mailing Address <u>218 COMMERCIAL BLVD.</u>
Suite, Apt. #, etc. <u>101-C</u>	Suite, Apt. #, etc. <u>101-C</u>
City & State <u>FORT LAUDERDALE</u>	City & State <u>FORT LAUDERDALE</u>
Zip <u>33308</u>	Country <u>BROWARD</u>

	
04082005	Chg-P CR2E034 (10/03)
4. FEI Number 87-0705304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PATANE, VICTOR 3400 GALT OCEAN DRIVE 409-S FT. LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE APRIL 13, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATANE, VICTOR 3400 GALT OCEAN DRIVE, #409-S FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PATANE, VICTOR 3400 GALT OCEAN DRIVE, #409-S FT. LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_