2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 05-04-2004 90253 001 ***150.00 DOCUMENT # P03000087768 05-04-2004 90253 002 *****8.75 CENTURY 24-7 REALTY, INC. Principal Place of Business Mailing Address 66418729 10701 SW 27TH STREET 10701 SW 27TH STREET DAVIE, FL: 33328 DAVIE, FL 33320 2. Principal Place of Busines 9508 GRU 3. Mailing Address GMFG 1 Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For POR COOPER Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIGNACCA, RA 10701 SW 27TH STREET CORRECTED ADDRESS DAVIE, FL 33328 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE Change Addition MIGNACCA, RA NAME NAME STREET ADDRESS 10701 CW 27TH STREET STREET ADDRESS DAVIE, FL 99328 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ALTAMIME OF NAME NAME STREET ADDRESS 10701 SW 27TH STREET STREET ADDRESS CITY-ST-ZIP DAVIE: FL 99920 CITY-ST-ZIP TITLE ☐ Delete TITLE LADOWSKI, L Z NAME NAME 10701 SW 27TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33328 CITY-ST-ZIP TITLE TITLE ☐ Delete ROSS, S.G. NAME NAME STREET ADDRESS 10701 SW 27TH STREET STREET ADDRESS DAVIE EL 22228 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F TiTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ment with an address, with all other like empowered.

UNTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 04, 2004 8:00 am

Daytime Phone #