

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

DOCUMENT # P03000087788

1. Entity Name
CENTURY 22 REALTY, INC.



05-04-2004 90252 001 ***150.00
05-04-2004 90252 002 *****8.75

66418726

Principal Place of Business Mailing Address
~~10701 SW 27TH STREET~~ ~~10701 SW 27TH STREET~~
~~DAVIE, FL 33328~~ ~~DAVIE, FL 33328~~

2. Principal Place of Business 3. Mailing Address
9508 GRIFFIN ROAD **9508 GRIFFIN ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
COOPER CITY, FL **COOPER CITY, FL**
Zip Country Zip Country
33328 **USA** **33328** **USA**

04302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
APPLIED FOR Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MIGNACCA, R A
~~10701 SW 27TH STREET~~ **CORRECTED**
~~DAVIE, FL 33328~~ **ADDRESS**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9508 GRIFFIN ROAD
City **COOPER CITY** FL Zip Code **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGNACCA, R A	NAME	
STREET ADDRESS	10701 SW 27TH STREET	STREET ADDRESS	9508 GRIFFIN ROAD
CITY-ST-ZIP	DAVIE, FL 33328	CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTAMIMI, O I	NAME	
STREET ADDRESS	10701 SW 27TH STREET	STREET ADDRESS	9508 GRIFFIN ROAD
CITY-ST-ZIP	DAVIE, FL 33328	CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADOWSKI, L Z	NAME	
STREET ADDRESS	10701 SW 27TH STREET	STREET ADDRESS	9508 GRIFFIN ROAD
CITY-ST-ZIP	DAVIE, FL 33328	CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	VSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, S G	NAME	
STREET ADDRESS	10701 SW 27TH STREET	STREET ADDRESS	9508 GRIFFIN ROAD
CITY-ST-ZIP	DAVIE, FL 33328	CITY-ST-ZIP	COOPER CITY, FL 33328
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Robert Mignacca **ROBERT MIGNACCA** 04.30.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #