

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000093015

1. Entity Name
ABSOLUT INTERNATIONAL REALTY, INC.



**FILED
Mar 29, 2005 8:00 am
Secretary of State**

03-29-2005 90027 043 ***150.00

Principal Place of Business
2999 NE 191ST STREET SUITE 900
AVENTURA, FL 33180

Mailing Address
2999 NE 191ST STREET SUITE 900
AVENTURA, FL 33180

50031958



DO NOT WRITE IN THIS SPACE

03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1203106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHIFFMAN, ADAM R ESQ
2999 NE 191ST STREET SUITE 900
AVENTURA, FL 33180

**DO NOT WRITE
IN THIS SPACE**

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: ADAM SCHIFFMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/22/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAJUN, MICHEL <i>20335 BISCAYNE BLVD 2999 NE 191ST STREET SUITE 900 L 40</i> AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: ADAM SCHIFFMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/05 305-466-9166
Date Daytime Phone #