## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P03000100780 04-19-2004 90374 038 \*\*\*150 00 REAL ESTATE OF TOMORROW, INC. Principal Place of Business Mailing Address 4750 NORTHWEST 15TH AVENUE 4750 NORTHWEST 15TH AVENUE BUILDING B BUILDING B FORT LAUDERDALE, FL 33309 FORT LAUDERDAYE, FL 33309 04142004 CR2E034 (10/03) Applied For 4. FEI Number 0705780 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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. Lam familiar with, and accept SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD Delete TITLE Z change ☐ Addition GILBERT, MICHAEL I NAME STREET ADDRESS 4750 NORTHWEST 15TH AVENUE #8 STREET ADDRESS FORT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP VD Change TITLE ☐ Delete TITLE ■ Addition NAME SAMSON, LAWRENCE M NAME 4750 NORTHWEST 15TH AVENUE #B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33309 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition HOFBERG, RICHARD NAME NAME 4750 NORTHWEST 15TH AVENUE #B STREET ADDRESS STREET ADDRESS CITY - ST- ZIP FORT LAUDERDALE, FL: 33309 CITY-ST-ZIP \* TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ 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 of the corporation or the received changed, or on an attachment 00

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