

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000117327

1. Entity Name
STORETECH REAL ESTATE CORP.



Principal Place of Business

1225 NW 17TH AVE
DELRAY BEACH, FL 33445

Mailing Address

1225 NW 17TH AVE
DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number
75-3133559

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KERN, KEITH D ESQ
50 SE 4TH ST
DELRAY BEACH, FL 33483

**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

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

(NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	STEVENS, GEOFFREY P
STREET ADDRESS	1225 NW 17TH AVE, STE 104
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	DV
NAME	CALABRESE, ORLANDO G
STREET ADDRESS	1225 NW 17TH AVE, STE 104
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	DS
NAME	CALABRESE, CURTIS
STREET ADDRESS	1225 NW 17TH AVE, STE 104
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	DT
NAME	ROBLES, ELIZABETH
STREET ADDRESS	1225 NW 17TH AVE, STE 104
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/05-80108-014 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Orlando G. Calabrese V Pres

1/27/05

501-272-4655