


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90009 050 ***150.00

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| DOCUMENT # P03000117738 |  |
| 1. Entity Name 515 REALTY, INC. | |

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| Principal Place of Business 515 S. DIXIE HWY POMPANO BCH, FL 33060 | Mailing Address 1941 N DIXIE HWY #7 POMPANO BCH, FL 33060 |
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| 2. Principal Place of Business - No P.O. Box # 515 So. DIXIE Hwy | 3. Mailing Address 2240 No. Federal Hwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. D |

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| City & State Pompano Beach, FL | City & State Pompano Beach |
|--|--------------------------------------|

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|---------------------|---------------------------|---------------------|---------------------------|
| Zip 33060 | Country Broward | Zip 33062 | Country Broward |
|---------------------|---------------------------|---------------------|---------------------------|



01062008 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent DAWSON, BARRY 1941 N DIXIE HWY #7 POMPANO BCH, FL 33060 | |
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| 7. Name and Address of New Registered Agent Name ANTHONY COLANGELO Street Address (P.O. Box Number is Not Acceptable) 2240 D No. Federal Hwy City Pompano Beach FL Zip Code 33062 | |
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| 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 Anthony Colangelo <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 1/7/08 <small>DATE</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DAWSON, BARRY 1941 N DIXIE HWY #7 POMPANO BCH, FL 33060 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLANGELO, ANTHONY 1941 N DIXIE HWY #7 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2240 D No. Federal Hwy 33062 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anthony Colangelo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 1/7/08 (954) 298-8979 <small>DATE DAYTIME PHONE #</small> |