

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000029892

Entity Name: R SQUARED REALTY INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

99 NW 183 ST.
SUITE 137
N. MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

99 NW 183 ST.
SUITE 137
N. MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 20-1949467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUTH, ROBINSON E
6115 MIRAMAR PARKWAY
SUITE E
MIRAMAR, FL 33023 US

Name and Address of New Registered Agent:

ROBINSON, RUTH E
99 NW 183 ST
SUITE 137
N. MIAMI, FL 33169 US

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.

SIGNATURE: RUTH ROBINSON

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: ROBINSON, RUTH E
Address: 99 NW 183 ST, SUITE 137
City-St-Zip: N. MIAMI, FL 33169

Title: V () Change (X) Addition
Name: MILES, LYDIA L
Address: 21443 SW 87 CT
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH ROBINSON

P

04/15/2005

Electronic Signature of Signing Officer or Director

Date