


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000097411 1. Entity Name Florida State Realty Group, Inc	
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FILED
11 MAY 11 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 790 E. Broward Blvd Suite, Apt. #, etc. Suite 102 City & State Fort Lauderdale	3. Mailing Address 790 E. Broward Blvd Suite, Apt. #, etc. Suite 102 City & State Fort Lauderdale
Zip 33301 Country Broward	Zip 33301 Country Broward

4. FEI Number 201296028	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

300207533533
05/11/11--01024--004 **150.00
DO NOT WRITE IN THIS SPACE

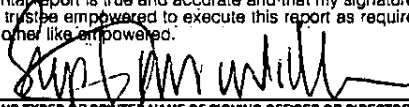
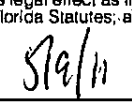
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Robert Slatoff, Esq.
Street Address (P.O. Box Number is Not Acceptable)	1800 N. Military Trail, #170
City	Boca Raton
FL	Zip Code 33431

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
January 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stephen B. McWilliam 790 E. Broward Blvd, #102 Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 # _____

CR2E034B (12/02)