2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000111564  1. Entity Name FAMILY REALTY SERVICES, INC.							05 OCT 24		
Principal Place 3040 LAKES RIVIERA BEA	HOREW DI	R SUITE 804	Mailing Address 3040 LAKESHOREW DR SUITE 804 RIVIERA BEACH FL 33404			l	ECRETARY LLAHASSE <b>STATE</b>	OF STATE E. FLORIDA	05
- 2. Principal Pl	ace of Busir	vess	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			19	t MOORE	CR2E034 (10/0	14)
City & State			City & State		4. FEI Numb	er		Applied For Not Applicable	
Zip	Country		Zip	Cour	ntry	5. Certificate	of Status Desired		5 Additional equired
	6, Name	and Address of Current	Registered Agent		Name	7. Name and	f Address of New	Registered Agent	
EBANKS, MARVEL 3040 LAKESHOREW DR SUITE 804 RIVIERA BEACH FL 33404					Street Address (P.O. Box Number is Not Acceptable)				
					City	<u> </u>		F. Ti	p Code
8. The above	y submits this statement to	<u> </u>	City  FL Zip Code  d office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.									
SIGNATURE									
FILE NOW!!! FEE:IS \$150,00  After May 1: 2005 Fee: Will Be \$550.00  Make Check Payable to Florida Department of State  Make Check Payable to Florida Department of State									
10.	XX (	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND DIRE	CTORS IN 11
NAME	P MILLMAN, 3040 LAKI	, SELERA ESHOREW DR SUITE 80	. □ De 4	NAX	I			CI	hange 🔲 Addition
	RIVIERA B	EACH FL: 33404			Y-SI-ZIP				
NAME	COSIMAN	O, COSIMO	□ De	NAI	ME			CI	hange 🗌 Addillion
	RIVIERA BEACH FL 33404				REET ADORESS Y-SI-ZIP				
TITLE NAME			□ De	ITI: ete	l l			CI	hange
STREET ADDRESS CITY-ST-ZIP				STR	REET ADDRESS Y-ST-ZIP		-		,
TITLE NAME	•		□ o	TITE BEE					hange Addition
STREET ADDRESS CITY-ST-ZIP				STR	REET ADDRESS Y-ST-ZIP				
TITLE NAME				TITI NAI				□ cı	hange 🔲 Addition
STREET ADDRESS City-St-Zip			-		REET ADORESS Y-SI-ZIP				
TITLE NAME		<u></u>		tiele TITS	l			Dα	hange Addition
STREET ADORESS CITY-ST-ZIP	_			STA	REET ADDRESS TY-ST-ZIP				
12. I hereby certify that the information supplied with this filting 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 acceptate 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 Tepoy as a 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 empoyered.  SIGNATURE:									
JUNA	J. 1.L.	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNA	IG OFFICER OF DIREC	CTOR	•	Date	Daytene P	tions #



804 Federal Highway - Suite 10 Lake Park, FL 33403 Office Phone: 561-863-6626

Fax Line: 561-863-6676

October 12th, 2005

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

In Re:

Notice of Dissolution or Revocation

Document #:

P04000111564

Please be advised that we have renewed our annual report and had sent you a check for \$900.00 which covered the filing of said reports. You had mailed back the report requesting that the FEI number was to be inserted and sent back to you, but you kept our money and cashed our check.

In accordance with your instructions, the report was re-submitted on line, and a copy of the submission is attached for your perusal.

I do not feel that a penalty should be assessed if you have not received this report as submitted.

Your immediate attention to this matter would be appreciated.

Sincerely,

Sondra Millman

President