

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000157021

1. Entity Name
LENOX PLACE REALTY, INC.



FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90144 011 ***150.00

Principal Place of Business
**21301 POWERLINE RD STE 312
BOCA RATON, FL 33433**

Mailing Address
**PO BOX 11229
KNOXVILLE, TN 37939**

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEL Number

20-2065782

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALTERS, CLIFFORD L ESQ
802 11TH STREET WEST
BRADENTON, FL 34205**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Secretary
Ravindra Rao
350 Mamaroneck Ave Suite 404
Harrison, NY 10528**

☐ Delete

TITLE
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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 Block 11 if changed, or on an attachment with an address, with all other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ravindra Rao, Secretary

Date

Daytime Phone #

3/17/05