



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90069 004 \*\*\*150.00

<b>DOCUMENT # P05000046765</b> 1. Entity Name FLORIDA REALTY BROKERS, INC.					
Principal Place of Business 4512 N FLAGLER DR SUITE 304 WEST PALM BEACH, FL 33407			Mailing Address 4512 N FLAGLER DR SUITE 304 WEST PALM BEACH, FL 33407		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">66001949</div>  <div style="display: flex; justify-content: space-around; font-size: 12px;"> <span>01082006</span> <span>Chg-P</span> <span>CR2E034 (11/05)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: 12px;"> <div>4. FEI Number <b>06-1743814</b></div> <div>Applied For Not Applicable</div> </div> <div style="display: flex; justify-content: space-between; align-items: center; font-size: 12px;"> <div>5. Certificate of Status Desired <input type="checkbox"/></div> <div><b>\$8.75</b> Additional Fee Required</div> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  HOROWITZ, MICHAEL S 4512 N FLAGLER DR SUITE 304 WEST PALM BEACH, FL 33407					
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, MICHAEL S 4512 N FLAGLER DR SUITE 304 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		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"/> Delete	<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"/> Delete	<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"/> Delete	<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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <div> <p><b>1-06-06</b></p> <small>Date</small> </div> <div> <p><b>561-845-0609</b></p> <small>Daytime Phone #</small> </div> </div>	

ATTACHMENT



66001949

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 2, 2006

FLORIDA REALTY BROKERS, INC.  
4512 N FLAGLER DR SUITE 304  
WEST PALM BEACH, FL 33407

Subject: **FLORIDA REALTY BROKERS, INC.**

Reference Number:

**P05000046765**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

*- See Attached*

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION