2004 FOR PROFIT CORPORATION

FILED Aug 04, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR) DOCUMENT # P06068** 1. Entity Name 08-04-2004 90020 027 ***150.00 THE NATAPOW REALTY CORPORATION Principal Place of Business Mailing Address 2499 GLADES RD. 2499 GLADES RD. STE 209 STE 209 BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 16-0731630 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -STEINER, MICHAEL S. Street Address (P.O. Box Number is Not Acceptable) 616 E. ATLANTIC AVENUE **DELRAY BEACH FL 33444** -City-----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, typed or printed name of re-(NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.80 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation pertifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150 .00. 10. OFFICERS AND DIRECTORS DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NATAPOW, STEPHEN D. NAME NAME STREET ADDRESS 120 CORPORATEWOODS 100 STREET ADDRESS ROCHESTER NY CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition VAZZANA, JAMES G. (ASST) NAME NAME STREET ADDRESS 5 SOUTH FITZHUGH STREET STREET ADDRESS CITY-ST-ZIP **ROCHESTER NY** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NATAPOW, ROBERT P. NAME STREET ADDRESS 120 CORPORATEWOODS 100 STREET ADDRESS CITY-ST-ZIP ROCHESTER NY CITY-ST-ZIP TID F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 receives 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.

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIG