


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P19948 1. Entity Name FIRST REALTY CAYMAN CORPORATION	
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Principal Place of Business %CFS BOX 613 GRAND CAYMAN, CAYMAN ISLANDS,	Mailing Address C/O LEGAL ASSETS, INC 1401 BRICKELL AVE., SUITE 700 MIAMI, FL 33131 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1864464	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEGAL ASSETS, INC. 1401 BRICKELL AVE. SUITE 700 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000048041 02/12/04-80064-023.150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MUDRY, LOUIS M. 1401 BRICKELL AVE., SUITE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZELMAN, RICHARD M. 1401 BRICKELL AVE., STE 700 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EL KHEREIJI, MOHAMED 1401 BRICKELL AVE., STE 700 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EL KHEREIJI, YOUSSEF 1401 BRICKELL AVE., STE 700 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EL KHEREIJI, RAAD 1401 BRICKELL AVE., SUITE 700 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EL KHEREIJI, FAISAL 1401 BRICKELL AVE., SUITE 700 MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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