## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # P94000037577  1. Entity Name SUNMARK REALTY ADVISORS, INC.					:	04-11-2005	90148 02	7 ***150	).00
Principal Place of Business Mailing Address							•		
800 W. CYPRESS CREEK RD, STE 280 800 W. CYPRESS CREEK RD, FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 333				)					
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc. Suite 350		Suite, Apt. #, etc. Suite 350			04082005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State		4. FEI Numb				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KRINSKY,	IAV	Nar	Name						
800 W. CYPRESS CREEK RD, STE 280 FORT LAUDERDALE, FL 33309				Street Address (P.O. Box Number is Not Acceptable) Change Swite # 10 350					
			City	,			FL	Zip Code	<del></del>
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									
INTE									
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND I	DIRECTORS	SIN 11
TITLE	DPT Delete IIIL KRINSKY, JAY							Change	☐ Addition
NAME STREET ADDRESS	1			ess Cha	anok S	uite#-	to 351	0	
CITY+ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		,				
TITLE	DS	☐ Delete	TITLE					(XI Change	☐ Addition
NAME STREET ADDRESS	KRINSKY, TINA J	TE 000	NAME STREET ADDR	Cio	0 ma	Suite #	t to a	350	
CITY-ST-ZIP				ESS O	wye	SWIE +	ت ۱۷		
mu .	ر به محمد ا	□ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADOR	FSS					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			a		☐ Change	☐ Addition
NAME		•	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDR	ESS					
TITLE		☐ Defete	TITLE			. <u> </u>		☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDR						•
CITY-ST-ZIP		D.:	CITY-ST-ZIP	-		A SUR			
TITLE . Name		☐ Delete	TITLE					Change	☐ Addition
STREET ADORESS			STREET ADDR	ESS			Manager of the company	<del>-</del> -	ļ
CITY+ST+ZIP			CITY-ST-ZIP			•			1
12. I hereby certify that the information supplied with this filing obes 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 supplier shall nearly 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 port 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.									