

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90640 027 ***150.00

DOCUMENT # P94000048955 1. Entity Name CONSOLIDATED FLORIDA REALTY, INC.					
Principal Place of Business 4801 SO. UNIVERSITY DRIVE STE. 200 SUITE 132 FORT LAUDERDALE, FL 33328			Mailing Address 4801 SO. UNIVERSITY DRIVE STE. 200 SUITE 132 FORT LAUDERDALE, FL 33328		
2. Principal Place of Business 4801 S. UNIVERSITY DR Suite, Apt. #, etc. SUITE 132 City & State FORT LAUDERDALE, FL Zip 33328 Country USA		3. Mailing Address 4801 S. UNIVERSITY DRIVE Suite, Apt. #, etc. SUITE 132 City & State FORT LAUDERDALE, FL Zip 33328 Country USA			
4. FEI Number 65-0503633		Chg-P CR2E034 (10/03)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARANT, GRANT L 4801 SO. UNIVERSITY DRIVE STE. 200 FORT LAUDERDALE, FL 33328			7. Name and Address of New Registered Agent Name MARANT, GRANT L Street Address (P.O. Box Number is Not Acceptable) 4801 S. UNIVERSITY DRIVE SUITE 132 City FORT LAUDERDALE FL Zip Code 33328		
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 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARANT, GRANT L 5870 SW 36TH TERRACE FORT LAUDERDALE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONENFELD, CHERYL 7770 NW 50TH STREET LAUDERHILL, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		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		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		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 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: Grant L Marant			GRANT L. MARANT 4/9/04 434-3934		