2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000089510

1. Entity Name



FILED Apr 21, 2004 8:00 am Secretary of State

ADELE F	REDEL REALTY, INC.			0121200130037022	130.00	
Principal Place of Business 1111 KANE CONCOURSE STE 607 BAY HARBOR ISLANDS FL 33154		Mailing Address 1111 KANE CONCOURSE STE 607 BAY HARBOR ISLANDS FL 33154			I IBIGI EYREI YEZI BEWGAN II IBBI	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State		City & State		4. FEI Number 65-0544490	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired .	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered	Agent	
			Name	لميسان در المصاورة والمراجع الم <u>ساعمة و المساعمة و المساعمة المساعمة و المساعمة و المساعمة و المساعمة و المساعمة</u>	المعاديب بيريون التاسم	
FREDEL, ADELE 1111 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
DAT HANDON ISLANDS TE 33134			Ciby	City Zip Code		
			City	FL	- Zip Code	
	named entity submits this statement fillions of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am	familiar with, and accept	
OVOLUTI USE						
SIGNATURE :	Signature, typed or printed name of registered ager	it and title if applicable. (NOTI	E: Registered Agent signature requi	red when roinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. [\$5.00 May Be Added to Fees	
10.	OFFICERS AND	9 15 E 4 4860	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	D OFFICERS AND	Delete	TITLE	ADDITIONS/CHANGES TO CITICENS AND	☐ Change ☐ Addition	
NAME	FREDEL, ADELE	□ Delete	NAME			
STREET ADDRESS	1111 KANE CONCOURSE		STREET ADDRESS			
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 3315	4	CITY-ST-ZIP		1	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
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NAME	\	□ Ocicie	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	1		CITY-ST-ZIP			

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FREDEL

☐ Change

☐ Addition