2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90002 006 ***150.00

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1. Entity Name
CLASBY MEYER REAL ESTATE OF CORAL GABLES INC.

Principal Place of Business	Mailing Address
~~9719 S DIXIE HWY #15 MIAMI, FL 33156 US~~ 3301 Ponce de Leon Coral Gables Fl. 33134	9719 S DIXIE HWY #15 MIAMI, FL 33156 US #210

01062004 No Chg-P CR2E034 (10/03)

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4. FEI Number 59-2044078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLASBY, EUGENE
2504 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

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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 _____ 1/22/04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEYER, LYNN
STREET ADDRESS	~~9749 S DIXIE HWY #15~~
CITY-ST-ZIP	~~MIAMI, FL 33156~~
TITLE	D
NAME	CLASBY, NANCY
STREET ADDRESS	~~9719 S DIXIE HWY #15~~
CITY-ST-ZIP	~~MIAMI, FL 33156~~
TITLE	NEW ADDRESS
NAME	3301 PONCE DE LEON BLVD
STREET ADDRESS	CORAL GABLES FL 33134
CITY-ST-ZIP	# 210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Nancy T. Clasby 1-22-04 305-667-8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #