


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90304 022 \*\*\*150.00

<b>DOCUMENT # P95000076172</b>	
1. Entity Name ABACOA REALTY, INC.	

Principal Place of Business 1200 UNIVERSITY BLVD 210 JUPITER, FL 33458 US	Mailing Address 1200 UNIVERSITY BLVD 210 JUPITER, FL 33458 US
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50042469



04152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0672280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  JOHN W GARY III 701 US HIGHWAY ONE SUITE 402 NORTH PALM BCH, FL 33408
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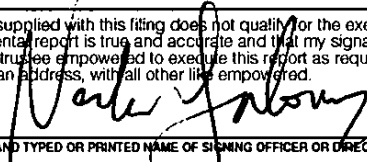
**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, STEPHEN T. 100 CONGRESS AVE, SUITE 1590 AUSTIN, TX 787014072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CLARK, TIMOTHY M. 1717 ST JAMES PLACE, SUITE 220 HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, JOSHUA T. 140 S. DEARBORD, SUITE 1100 CHICAGO, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALOUR, NADER G.M. 1200 UNIVERSITY BLVD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CESARO-PENGUE, DONNA M 1200 UNIVERSITY BLVD JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4/15/05 561-745-6400 Date Daytime Phone #