
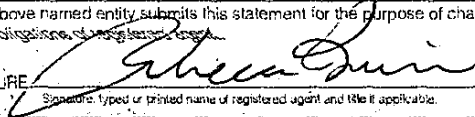
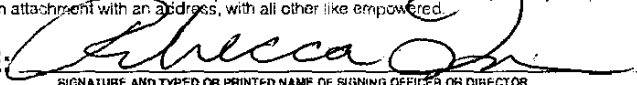


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90134 003 ***150.00

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DOCUMENT # P96000077140			
1. Entity Name CLOCK REALTY INC.			
Principal Place of Business 1500 UNIVERSITY DR 201F CORAL SPRINGS, FL 33067 US		Mailing Address 5700 NW 63 PLACE PARKLAND, FL 33067 US	
2. Principal Place of Business 110 50 Wiles Rd Suite, Apt. #, etc. Unit 102		3. Mailing Address Suite, Apt. #, etc.	
City & State Coral Springs		City & State	
Zip 33076 Country Broward		Zip Country	
4. FEI Number 65-0694394		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINONES, REBECCA 5700 NW 63RD PLACE POMPANO BEACH, FL 33067		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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, this statement.			
SIGNATURE 		4-22-04	
Signature: Typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when rechartering) DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	P QUINONES, REBECCA 5700 NW 63RD PLACE CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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"/> Add
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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"/> Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4-22-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	