

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P96000081888

1. Entity Name

FLORIDA REAL PROPERTY INVESTORS, INC.



**FILED  
Mar 24, 2005 8:00 am  
Secretary of State**

03-24-2005 90035 015 \*\*\*158.75



Principal Place of Business

C/O MILLER AND WEBNER PA  
PO BOX 200947  
WESTON FL 33326-6947  
US

Mailing Address

C/O MILLER AND WEBNER PA  
PO BOX 200947  
WESTON FL 33326-6947  
US

2. Principal Place of Business

70 Isle of Venice

3. Mailing Address

70 Isle of Venice

Suite, Apt. #, etc.

Apt. 203

Suite, Apt. #, etc.

Apt. 203

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301

Country

US

Zip

33301

Country

US

6. Name and Address of Current Registered Agent

MILLER, REBECCA M  
MILLER AND WEBNER PA  
2442 POINCIANA CT  
WESTON FL 33327

7. Name and Address of New Registered Agent

Name Condor Management Inc.

Street Address (P.O. Box Number is Not Acceptable)

16 NE. 4th Street, Suite 110  
City Fort Lauderdale FL 33301

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

*Signature: Norbert Kreyer, President*

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBEL, HERMANN		NAME	
STREET ADDRESS	C/O MILLER&WEBNER PA, 2442 POINCIANA CT		STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE:

*Signature: Hermann Ebel* 032105 954-7797100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #