

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

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

DOCUMENT # P96000081888

1. Entity Name

FLORIDA REAL PROPERTY INVESTORS, INC.



Principal Place of Business

C/O MILLER AND WEBNER PA  
P.O. BOX 288947  
WESTON FL 33326-6947  
US

Mailing Address

C/O MILLER AND WEBNER PA  
P.O. BOX 288947  
WESTON FL 33326-6947  
US



2. Principal Place of Business

70 Isle of Venice

Suite, Apt. #, etc.  
Apt. 203

City & State  
Fort Lauderdale, FL

Zip  
33301

Country  
Florida

3. Mailing Address

70 Isle of Venice

Suite, Apt. #, etc.  
Apt. 203

City & State  
Fort Lauderdale, FL

Zip  
33301

Country  
US

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0709025

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

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

*Herbert Kreyer, President*

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, 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

TITLE D ☐ Delete  
NAME EBEL, HERMANN  
STREET ADDRESS C/O MILLER & WEBNER PA, 2442 POINCIANA CT  
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Herbert Kreyer*

HERMANN EBEL

032105

954-7797100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #