2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2005 8:00 am
Secretary of State

04-06-2005 90118 018 ***150.00

DOCUMENT # P96000085023

1. Entity Name
COMMERCIAL REALTY CONSULTANTS, INC.

Principal Place of Business	Mailing Address
9067 INTERNATIONAL DR ORLANDO, FL 32803	1210 ALTALOMA AVE ORLANDO, FL 32803

66011626

04042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		1212 Altaloma Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando Fl	
Zip	Country	Zip 32803	Country USA

4. FEI Number 59-3404433 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANK, BARRY
1210 ALTALOMA AVE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name Frank, Barry
Street Address (P.O. Box Number is Not Acceptable) 1212 Altaloma Ave
City Orlando FL Zip Code 32803

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANK, BARRY 1210 ALTALOMA AVE ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Frank, Barry 1212 Altaloma Ave Orlando Fl 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4-18-05 407-256-7105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #