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**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P96000099284</b>		
1. Entity Name SELL AND SAVE REALTY INC.		
Principal Place of Business 120 E. OAKLAND PK. BLVD. 105 FORT LAUDERDALE, FL 33334		Mailing Address 11044 BOCA WOODS LN BOCA RATON, FL 33428
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01052004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0715420		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		
STERN, GERMAINE E 11044 BOCA WOOD LANE BOCA RATON, FL 33428		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE _____</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STERN, GERMAINE E 11044 BOCA WOODS LANE BOCA RATON, FL 33428	
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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: <u>Germaine E. Stern</u>		1/10/04 561-883-0577
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>