

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90027 026 \*\*\*158.75

**DOCUMENT # P96000102535**

1. Entity Name  
**AGEWLY REAL, INC.**



Principal Place of Business  
**2585 GLADES CIRCLE  
WESTON, FL 33327 US**

Mailing Address  
**2585 GLADES CIRCLE  
WESTON, FL 33327 US**

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0737409</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**FINEBERG, LIBO B ESQ  
3500 GATEWAY DRIVE  
SUITE 201  
POMPANO BEACH, FL 33069**

**DO NOT WRITE  
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | PD                       |
| NAME           | GOLDMAN, RENEE K         |
| STREET ADDRESS | 3500 GATEWAY DR, STE 201 |
| CITY-ST-ZIP    | POMPANO BEACH, FL 33069  |

|                |                          |
|----------------|--------------------------|
| TITLE          | VD                       |
| NAME           | GOLDMAN, RICHARD M       |
| STREET ADDRESS | 3500 GATEWAY DR, STE 201 |
| CITY-ST-ZIP    | POMPANO BEACH, FL 33069  |

|                |                          |
|----------------|--------------------------|
| TITLE          | VSTD                     |
| NAME           | FINEBERG, LIBO B         |
| STREET ADDRESS | 3500 GATEWAY DR, STE 201 |
| CITY-ST-ZIP    | POMPANO BEACH, FL 33069  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Richard Goldman*  
Vice President

2-3-04

954-389-2454