2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)					FILED	
DOCUMENT # P97000025031 1. Entity Name			6		Feb 02, 2004 08:00 AM Secretary of State	
VILLAGE	REALTY GROUP, INC.		Į V			
Principal Place of Business		Mailing Address				
580 VILLAGE BLVD SUITE 150		580 VILLAGE BLVD SUITE 150				
WEST PALM	1 BEACH FL 33409	WEST PALM BEACH F	FL 33409			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FE! Number 65-0738079 Applied For Not Applied	
Zip	Country	Zıp	Country	<i>(</i>	5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current		Registered Agent		Name	7. Name and Address of New Registered Agent	
BERRY, MICHAEL				Name		
580 VILLAGE BLVD. SUITE 150				Street Address (I	P.O. Box Number is Not Acceptable)	
WEST PALM BEACH FL 33409				,		
		, )		City	FL Zip Code	
8. The above name entity submiss 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 protted name of registered agent and tries a applicable (NOTE Registered Agent signature required when reinstating)  DATE						
F	ILE NOW!!! FEE IS \$150.00				9. Floation Compaign Financing	
	r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department o	l State			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution.  Added to Fees	8
10.	OFFICERS AND		11. BILE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D BERRY, MICHAEL	Delete		ļ	☐ Change ☐ Addi	tion
NAME STREET ADDRESS	580 VILLAGE BLVD, STE 150	•	name Street	ADDRESS		
CITY+ST-ZIP	WEST PALM BEACH FL 33409		cmy-st	T-ZIP	<u> </u>	
TITLE		☐ Delete	TITLE		02/04/04-80007-008 🗆 <b>5</b> 5790 🗆 Addi	tion
NAME STREET ADDRESS			NAME	ADDRESS		
CITY-ST-ZIP			CITY-ST			
TITLE		☐ Delete	TITLE	-	☐ Change ☐ Addi	lion
NAME	many management		NAME			
STREET ADDRESS CITY+ST+ZIP			STREET . CITY+ST	ADDRESS T. 70		
TITLE		☐ Delele	TITLE	1-21	☐ Change ☐ Addi	ilion
NAME			NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CHTY-S1	T-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		Change Addi	tion
STREET ADDRESS				ADDRESS		
CITY-SY-ZIP			CITY-S1	T-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	tion
NAME STREET ADDRESS			NAME	ADDRESS		
CITY-ST-ZIP			CITY-ST	- 1		
12.   hereby	certify that the information supplied with	this filing does not qualify fo	r the exemp	ption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	n.
12. I hereby certify that the information supplied with this filling 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 redepter or trustee-proposered 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 attaching my with an address, with all officer time empowered.						
, changed	, or ore are autacentified with an autoross,	Auto allowed the emborresed				

Qate

Daytime Phone #