## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P97000025984 OL AUG 10 AM 10: 45 NATION'S REALTY GROUP, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1800 SW 27TH AVENUE 1800 SW 27TH AVENUE SUITE 402 CHITE 402 MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Sylte, Apt. #, etc. STE: 502 Suite, Apt. #, etc. 08092004 CR2E034 (10/03) Chg-P Ste: City & State City & State Applied For 4. FEI Number 65-0769896 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, LISSETTE B 12074 SW 125TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33186 City Zip Code 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. Jam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5,00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. . Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DVS TITLE Delete TITLE Change Addition SANCHEZ, MARIO JR. NAME NAME STREET ADDRESS 12074 S.W. 125TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME **400040254474** 08/17/04--01066--001 \*\*450.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE П Спапое ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 empoyered 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 progressivered. SIGNATURE: / SIGNATU E AND TYPED OR PRINTED NAME Date Daytime Phone #