

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-11-2005 90127 016 ***150.00

DOCUMENT # P97000026297 1. Entity Name SOUTH FLORIDIANS REALTY, INC.					
Principal Place of Business 808 2ND AVE. NORTH LAKE WORTH, FL 33460 US			Mailing Address 808 2ND AVE. NORTH LAKE WORTH, FL 33460 US		
2. Principal Place of Business 1311 Central Terrace Suite, Apt. #, etc.		3. Mailing Address P.O. Box 289 Suite, Apt. #, etc.			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 65-0801716	
Zip 33460		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINONES VICTOR M 320 S. DIXIE HWY LAKE WORTH, FL 33460				7. Name and Address of New Registered Agent Name QUINONES VICTOR M. Street Address (P.O. Box Number is Not Acceptable) 1210 North H Street City Lake Worth FL Zip Code 33460-1155	
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 Victor M. Quinones DATE 06/02/2005 <small>Signature of Registered Agent and (if applicable) (NOTE: Registered Agent's signature required when releasing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete QUINONES, VICTOR M 320 S. DIXIE HWY LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Victor M. Quinones 06/02/2005 561-54051880 <small>Signature of Officer or Director</small>					