

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

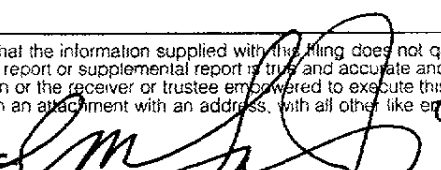
DOCUMENT # P97000087198					
1. Entity Name M.S.J. REALTY, INC.					
Principal Place of Business 4880 GRANADA BLVD CORAL GABLES FL 33146 US			Mailing Address 4880 GRANADA BLVD CORAL GABLES FL 33146 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0785265	
6. Name and Address of Current Registered Agent SOLA, MANUEL M JR 4880 GRANADA BLVD CORAL GABLES FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature: typed or printed name of registered agent and title if applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLA, MANUEL M JR 4880 GRANADA BLVD CORAL GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000407901 02/08/06-80038-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	



1st MOORE CR2E034 (10/05)

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the safe harbor provided in Section 119, 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; that I am not a resident of the State of Florida, 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 information.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Sola Jr.
4880 Granada Blvd
Coral Gables, FL 33146-2023

JAN 27 2006

Date Daytime Phone #