2005 FOR PROFIT CORPORATION

FILED Apr 26, 2005 08:00 AN ıte

ANNUAL REPORT				Secretary of Sta			
1. Entity Nam	EAL 35, INC.				50	cretar	y of Sta
SUITE 206	PORT CENTER F	aŭino Address P.D. BOX 4219 DEERFIELD BEACH, FL 33442	-4219 US				
D	O NOT WRITE II		CE	03142005 4. FEI Numbe 06-1531	No Chg-P	CR2E034 (10	Applied For Not Applicable Additional
·	6. Name and Address of Current Regis	tered Agent		· ,	1 1		
KAY, JAMES R KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, STE 102B PALM BEACH GARDENS, FL 33410 DO NOT WRITE IN THIS SPACE							
	named entity submits this statement for the itons of registered agent.	ourpose of changing its registers	ed office or register	red agent, or both	h, in the State of Flor	rida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and file	Il applicable (NOTE Registerer	rd Agent signature required	i when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees	· · · · · · · · · · · ·		
10.	- OFFICERS AND DIRE	CTORS	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIBLING, LORENZ 1350 E NEWPORT CENTER DR. STE DEERFIELD BEACH, FL 33442			·	1000000 04/26/05-	332570 60064-006	158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIBLING, GUENTHER 1350 E NEWPORT CENTER DR STE DEERFIELD BEACH, FL 33442	206			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAME KASSOF, LINDA G STREET ADDRESS 1350 E. NEWPORT CENTER DR. STE 206			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		 , • - -	-	INT	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·	:		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Plorida 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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR