


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90081 008 ***150.00

DOCUMENT # P98000075014			
1. Entity Name GREATER TRUST REALTY, INC.			
Principal Place of Business 5767 NW 151ST STREET MIAMI LAKES, FL 33014		Mailing Address 18440 SW 4TH STREET PEMBROKE PINES, FL 33029	
2. Principal Place of Business		3. Mailing Address <i>18459 PINES BLVD.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>313</i>	
City & State		City & State <i>PEMBROKE PINES</i>	
Zip	Country	Zip	Country
<i>33029</i>		<i>33029</i>	
4. FEI Number 65-0862555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, OSVALDO 18440 SW 4TH STREET PEMBROKE PINES, FL 33029		Name <i>MILLER, OSVALDO</i> Street Address (P.O. Box Number is Not Acceptable) <i>18459 PINES BLVD. # 313</i> City <i>PEMBROKE PINES</i> FL Zip Code <i>33029</i>	
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 <i>[Signature]</i> O.M.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MILLER, OSVALDO 15315 NW 60TH AVENUE, SUITE F MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Osvaldo Miller</i>		Date: <i>2/28/05</i>	Daytime Phone #: <i>305 558-2222</i>