


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90448 019 ***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 18459 PINES BLVD 313 PEMBROKE PINES, FL 33029
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2. Principal Place of Business <i>11352 MIRAMAR PARKWAY</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>MIRAMAR, FL 33025</i>	City & State
Zip <i>33025</i>	Country



04282006 Chg-P CR2E034 (11/05)

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 MILLER, OSVALDO 18459 PINES BLVD 313 PEMBROKE PINES, FL 33029		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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 exemptions contained in Chapter 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 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: *Osvaldo Miller, Pres.* 4/28/06 954VSO-3222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #