

FROM : Corpotax

PHONE NO. : 30544179

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May 04, 2004 8:00 am
Secretary of State

05-04-2004 90171 013 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088951

1. Entity Name

GREATER REALTY GROUP INC.



14020488

Principal Place of Business

920 SW 67TH AVE
MIAMI, FL 33134 US

Mailing Address

920 SW 67TH AVE
MIAMI, FL 33134 US

2. Principal Place of Business

920 SW 67TH AVE

3. Mailing Address

920 SW 67TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

33144

Country

04272004

Chg-P

CP2E034 (10/03)

4. FFI Number

65-0885059

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AGUILAR, LUIS L
920 SW 67TH AVE
MIAMI, FL 33144

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

04/30/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VD	AGUILAR, EMILY	920 SW 67TH AVE	MIAMI, FL 33144				
PD	AGUILAR, LUIS L	920 SW 67TH AVE	MIAMI, FL 33144				
				VD	Manuel F. Bouzo	920 SW 67TH AVE	MIAMI, FL 33144
				VD	Ines Gallardo	920 SW 67TH AVE	MIAMI, FL 33144

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

04/30/04

305-219-0840