

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000088951

1. Entity Name
GREATER REALTY GROUP INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

Principal Place of Business
920 SW 67TH AVE
MIAMI, FL 33144 US

Mailing Address
920 SW 67TH AVE
MIAMI, FL 33144 US

2. Principal Place of Business

3. Mailing Address



11082004 Chg-P CR2E034 (10/03) *MRS*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0885059

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

~~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 reinstating)

DATE

Amended AR is \$61.25

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 PD AGUILAR, LUIS L ☐ Delete
STREET ADDRESS 920 SW 67TH AVE
CITY-ST-ZIP MIAMI, FL 33144

TITLE NAME Vice President / Director ☐ Change ☒ Addition
STREET ADDRESS EMILY Aguilar
CITY-ST-ZIP 920 SW 67 Ave.
Miami, FL 33144

TITLE NAME VD BOUZA, MANUEL F ☒ Delete
STREET ADDRESS 920 SW 67TH AVE
CITY-ST-ZIP MIAMI, FL 33144

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000042635700
CITY-ST-ZIP 11/10/04--01030--010 **70.00

TITLE NAME VD BOUZA, MANUEL F ☒ Delete
STREET ADDRESS 920 SW 67TH AVE
CITY-ST-ZIP MIAMI, FL 33144

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME VD GALLARDO, INES ☒ Delete
STREET ADDRESS 920 SW 67TH AVE
CITY-ST-ZIP MIAMI, FL 33144

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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)(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

President

11/08/04 305-219-0840
Date Daytime Phone #