


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90519 001 ***150.00

DOCUMENT # P98000089870	
1. Entity Name REAC PROPERTIES, INC.	

Principal Place of Business 2900 UNIVERSITY DR., STE. 68 CORAL SPRINGS, FL 33065	Mailing Address 2900 UNIVERSITY DR., STE. 68 CORAL SPRINGS, FL 33065
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50045500

2. Principal Place of Business 2900 University Drive	3. Mailing Address 2900 University Drive
Suite, Apt. #, etc. Suite 45	Suite, Apt. #, etc. Suite 45
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33065	Country US



04122005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0889150	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 HADEED, STEPHEN 2900 UNIVERSITY DR., STE. 68 CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name HADEED, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2900 UNIVERSITY DRIVE SUITE 45 City CORAL SPRINGS FL Zip Code 33065
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PS HADEED, STEPHEN 2900 UNIVERSITY DRIVE #68 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HADEED, STEPHEN 2900 UNIVERSITY DRIVE, SUITE 45 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HADEED, ELIZABETH 2900 UNIVERSITY DR POMPAÑO BEACH, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HADEED, ELIZABETH 2900 UNIVERSITY DRIVE, SUITE 45 CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Elizabeth Hadeed* **Elizabeth Hadeed** *4-21-05* (954) 340-5968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #

ATTACHMENT

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(ONLY Suitett
changed)
(no change in Agent)
