
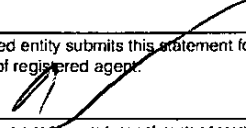



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90044 034 \*\*\*150.00

<b>DOCUMENT # P99000064541</b>					
<b>1. Entity Name</b> <b>SAALTRUST REAL ESTATE CORPORATION</b>					
<b>Principal Place of Business</b> 183 SUNNY ISLES BLVD. SUNNY ISLES, FL 33160			<b>Mailing Address</b> 183 SUNNY ISLES BLVD. SUNNY ISLES, FL 33160		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3343 NE 171 ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		NORTH MIAMI BEACH.		<b>4. FEI Number</b> 65-0937055	
<b>Zip</b>		33160.		<b>Country</b> USA.	
<b>6. Name and Address of Current Registered Agent</b> ROUSSO, MARK ESQ 3440 HOLLYWOOD BLVD #360 HOLLYWOOD, FL 33021				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Applicable) 18851 N.E. 29th AVENUE SUITE 900 City AVENTURA FL Zip Code 33180	
<b>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.</b> SIGNATURE:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUZZONE, NATALIE 183 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3343 N.E. 171 ST NORTH MIAMI BEACH, FLA. 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT RUTH SAAL, ALICIA 183 SUNNY ISLES BLVD. SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM12 3343 NE 171 ST. NORTH MIAMI BEACH, FL 33160.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 3/4/05		