## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2005 08:00 AM DOCUMENT # P99000102612 **Secretary of State** 1. Entity Name NUMERO UNO REALTY, INC. Principal Place of Business .\_\_. \_ Mailing Address 3894 MANNIX DR STE 220 3894 MANNIX DR STE 220 NAPLES, FL 34114 NAPLES, FL 34114 No Chg-P CR2E034 (10/03) 01202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0963812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, MAYRA DO NOT WRITE 8168 IBIS COVE CIR NAPLES, FL 34119 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MARTINEZ, MAYRA UCCULINITIES T STREET ADDRESS 8168 IBIS COVE CIR 01/25705-A0070-009 150.00 CITY-ST-ZIP NAPLES, FL 34116 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE M/MF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the Information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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:

maline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**