

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90300 044 ***150.00

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01092006 Chg-P CR2E034 (11/05)

DOCUMENT # S02842
1. Entity Name
FIRST EQUITY GROUP REAL ESTATE CORPORATION



Principal Place of Business
**2665 N OCEAN DR
3RD FLOOR
SINGER ISLAND, FL 33404**

Mailing Address
**2665 N OCEAN DR
3RD FLOOR
SINGER ISLAND, FL 33404**

2. Principal Place of Business
11911 US Highway one Suite 201

3. Mailing Address
11911 US Highway one Suite 201

City & State
North Palm Beach

Zip
33408

Country
USA

4. FEI Number
65-0251118

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**STEINBERG, JONAS
2655 N. OCEAN DRIVE
#300
SINGER ISLAND, FL 33404**

7. Name and Address of New Registered Agent
Name
STEINBERG, JONAS
Street Address (P.O. Box Number is Not Acceptable)
11911 US Highway one, Suite 201
City
North Palm Beach FL Zip Code
33408

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FAGNANO, BILL	
STREET ADDRESS	109 OCEAN PINES TERR	
CITY-ST-ZIP	JUPITER, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEINBERG, JONAS	
STREET ADDRESS	108 LAKESHORE DR., #1241	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Jonas Steinberg**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06 961-3558258
Date Daytime Phone