


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # S19096
 1. Entity Name
 ELJO REALTY CORP.



Principal Place of Business
 1121 CRANDON BLVD, D701
 KEY BISCAYNE, FL 33419-2773

Mailing Address
 1121 CRANDON BLVD, D701
 KEY BISCAYNE, FL 33419-2773

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03232005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0236167 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KRAFT, ELIOT
 1121 CRANDON BLVD, D701
 KEY BISCAYNE, FL 33419-2773

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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]* (NOTE: Registered Agent signature required when reinstating) DATE: *3/20/05*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEIPRIS, JOSEPH 3360 S OCEAN BLVD 4C-2 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KRAFT, ELIOT 1121 CRANDON BLVD D701 KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/11/05-R0040-024 150.00

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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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: *3/20/05* DayTime Phone #: *[Number]*