

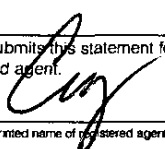
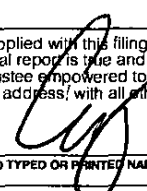


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90071 049 \*\*\*150.00

<b>DOCUMENT # S30489</b> 1. Entity Name <b>VARGAS REALTY, INC.</b>					
Principal Place of Business <b>6707 N.W. 33 STREET</b> <b>GAINESVILLE, FL 32653</b> <b>US</b>			Mailing Address <b>6707 N.W. 33 STREET</b> <b>GAINESVILLE, FL 32653</b> <b>US</b>		
2. Principal Place of Business <b>415 NW 250 St.</b> Suite, Apt. #, etc. <b>Suite 3</b>		3. Mailing Address <b>415 NW 250 St.</b> Suite, Apt. #, etc. <b>Suite 3</b>			
City & State <b>Newberry Fla.</b>		City & State <b>Newberry Fla</b>		4. FEI Number <b>59-3051656</b>	
Zip <b>32669</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VARGAS, ERNEST R.</b> <b>6707 NW 33 STREET</b> <b>GAINESVILLE, FL 32653</b>				7. Name and Address of New Registered Agent Name <b>Vargas Ernest R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>25115 NW 68 Lane</b> City <b>High Springs Fl.</b> City <b>FL</b> Zip Code <b>32643</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. SIGNATURE  <b>Ernest R. Vargas Pres.</b> DATE <b>1-6-04</b> <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, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VARGAS, ERNEST R</b> <b>6707 NW 33RD ST</b> <b>GAINESVILLE, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vargas Ernest R.</b> <b>25115 NW 68 Lane</b> <b>High Springs Fl. 32643</b>	<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 all other like empowered.					
SIGNATURE:  <b>Ernest R. Vargas</b> DATE <b>1-6-04</b> Daytime Phone # <b>352-472-1685</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					