2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$37641

FILED Apr 30, 2005 08:00 AM Secretary of State

1. Entity Nam SOUTHB	e END REALTY, INC.							
Principal Place 3504 SE HYE PO BOX 936 PT ST LUCIE,	DE CIR 8	Mailing Address PO BOX 9368 PO BOX 9368 PT ST LUCIE, FL 34985	us	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1) 1 5514 1 0110 1 15 0 1 1501 1	D)J 350JJ 350JJ 36	TK DAN THUSDU A 1804
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	A NOT WO	TE IN THIS SF)	^E	04282005	No Chg-P	CR2E034	(10/03)
, D	O NOI WHI	IE IN I NIS SF	Ή	J ⊑	4. FEI Number 65-02602			Applied For Not Applicable
1 4 2					5. Certificate of	Status Desired	□ \$8	.75 Additional Required
	6. Name and Address of Co	rrent Registered Agent				71 F 1		
FREDMAN, MARIAN 3504 SE HYDE CIRCLE PORT ST. LUCIE, FL 34984				DO NOT WRITE IN THIS SPACE				
8. The above the obligati	ons of registered agent.	nent for the purpose of changing its req				in the State of Flori	da. Iam fari	niliar with, and accept
	Signature, typed or officed hame of register	NOTE Re	eg/stered	d Agent Signature required	d when reinsialing) =	4 . ,	DATE	
	E NOW!!! FEE IS \$150.0 ny 1, 2005 Fee will be \$			- <u>-</u> 44	.00 May Be led to Fees			
10.	OFFICER	S AND DIRECTORS		I				
rmt	D			-				
NAME	FREEDM <u>AN,</u> MARIAN			J				
STREET ADDRESS	3504 SE HYDE CIRCLE			1		this same	a nero a	

000000347394 04/30/05-80113-016 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 atjachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS

PT. ST. LUCIE, FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

(772) 336 4944