

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S77470

1. Entity Name
EAST WEST REALTY ADVISORS INCORPORATED



FILED

09 JUN -3 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2700 N MILITARY TRAIL
SUITE 130
BOCA RATON, FL 33431 US

Mailing Address
2401 PGA BLVD.
SUITE 272
PALM BEACH GARDENS, FL 33410 US



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04182008 Chg-P CR2E084 (12/06)

4. FEI Number
65-0284587

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GOLDSTEIN, MARK B
2700 N. MILITARY TRAIL
SUITE 130
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MILSTEIN, ROBERT G 2700 N MILITARY TRAIL BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7001567230 06/03/09--01018--017 **150.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert G. Milstein **ROBERT G. MILSTEIN** 4/22/09 88-884-3992

SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR Date Daytime Phone