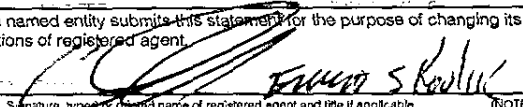
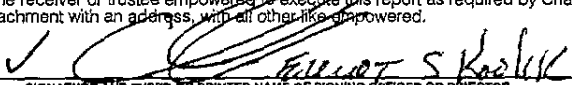


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V18005 1. Entity Name KOOLIK GROUP REALTY, INC.					
Principal Place of Business 2499 GLADES RD STE 103 BOCA RATON, FL 33431 US		Mailing Address 2499 GLADES RD STE 103 BOCA RATON, FL 33431 US			
DO NOT WRITE IN THIS SPACE					
				01112004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0329367		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOOLIK, ELLIOT S 3203 HARRINGTON DR BOCA RATON, FL 33496				DO NOT WRITE IN THIS SPACE	
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:  (NOTE: Registered Agent signature required when reconstituting) DATE: 1/19/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE U000000011342 01/23/04-80034-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PVS KOOLIK, ELLIOT 2499 GLADES RD #103 BOCA RATON, FL 33431			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD KOOLIK, ELLIOT 2499 GLADES RD #103 BOCA RATON, FL 33431			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: 		1/19/04		561-293-9997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	