

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # V27901 1. Entity Name CAPITAL GROUP REALTY, INC.	
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Principal Place of Business 5445 COLLINS AVENUE SUITE CU-10 MIAMI BEACH, FL 33140	Mailing Address 5445 COLLINS AVENUE SUITE CU-10 MIAMI BEACH, FL 33140
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04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0328642	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GONZALEZ, LEOPOLDO 5445 COLLINS AVENUE SUITE CU-10 MIAMI BEACH, FL 33140
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**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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U000000109653 04/12/04-80051-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LEOPOLDO 5445 COLLINS AVENUE #CU-10 MIAMI BEACH, FL 33140
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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-8-04 305-867-8311 Date Daytime Phone #
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