

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # V29017 1. Entity Name REALNOR SPECIAL PROPERTIES, INC.		
Principal Place of Business 700 BRICKELL AVE. MIAMI FL 33131	Mailing Address 50 S LASALLE ST C/O PEGGY WALSH M-9 CHICAGO IL 60675 US	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0326959** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent STOTT, VALERIE A 700 BRICKELL AVE MIAMI FL 33131	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DP	TITLE	
NAME	ALONSO, JUAN C	NAME	
STREET ADDRESS	700 BRICKELL AVE.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	TITLE	
NAME	PEDROSO, GLENDA	NAME	
STREET ADDRESS	700 BRICKELL AVE.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	TITLE	
NAME	NOBLE, CARLOS	NAME	
STREET ADDRESS	700 BRICKELL AVE.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	TITLE	
NAME	STOTT, VALERIE A	NAME	
STREET ADDRESS	700 BRICKELL AVE	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	TITLE	
NAME	SIGSBEE, H. J	NAME	
STREET ADDRESS	700 BRICKELL AVE.	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<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: Glenda S. Pedroso 2/4/05 (205) 789-1554

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