## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # V44774** 1. Entity Name SUCHMAN REAL ESTATE CO. Principal Place of Business Mailing Address 1550 MADRUGA AVE. 1550 MADRUGA AVE. STE. #230 STE. #230 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent SUCHMAN, LAWRENCE E.

## FILED Mar 31, 2005 8:00 am Secretary of State

03-31-2005 90045 023 \*\*\*150.00

ח	O NOT WRITE IN	N THIS SPAC	E	03142005	No Chg-P	CR2E03	2E034 (10/03)		
				4. FEI Number 65-0337			Not Applicable		
				5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current Regis	tered Agent				<u></u>	an and a second and		
SUCHMAN, LAWRENCE E. 1550 MADRUGA AVE CORAL GABLES, FL 33146				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registered o	ffice or re	egistered agent, or both,	in the State of Flo	orida. I am f	amiliar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered Age	nt signature	required when reinstating)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	, 0	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SUCHMAN, LAWRENCE E. 1550 MADRUGA AVE. CORAL GABLES, FL				,	p.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			<b>-</b>		. • .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		÷	DO I	NOT W	RITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SF	PACE			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS						٠			

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/simpowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR