2004 FOR PROFIT CORPORATION ANNUAL REPORT

attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

11,

04 JAN 20 PM 3:49 DOCUMENT # V44935 Entity Name REALTY WHOLESALERS, INC. Principal Place of Business Mailing Address 930 S. STATE ROAD 7 930 S. STATE ROAD 7 PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 65-0346363 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINTRAUB, PETER B ESQ. Street Address (P.O. Box Number is Not Acceptable) 2650 N. MILITARY TRAIL, #150 BOCA RATON, FL 33431 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution, Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE ☐ Delete NAME STERN, BEN NAME 930 S. STATE ROAD 7 STREET ADDRESS STREET ADDRESS PLANTATION, FL 33317 CITY-ST-ZIP CITY-ST-ZIP 000027528¶¥m® □ Addition 01/26/04--01005--019 **158.75 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daylime Phone #



Division of Corporations

Annual Report

Page 1

Document Number
V44935
Business Entity Name
REALTY WHOLESALERS, INC.

FEI Number	650346363
FEI Number Status	○ Applied For ○ Not Applicable ● Current
Certificate of Status De	esired Yes No \$8.75 each
Pr	rincipal Place of Business
Address	930 S. STATE ROAD 7
Suite, Apt. #, etc.	
City, State	PLANTATION FL
Zip Code & Country	33317
	Matthew Address
	Mailing Address
Address	930 S. STATE ROAD 7
Suite, Apt. #, etc.	
City, State	PLANTATION , FL
Zip Code & Country	33317
Name A	nd Address of Registered Agent
Name (Last, First, Middle, Title	
-or- RA Business Name	
Address	2650 N. MILITARY TRAIL, #150
Suite, Apt. #, etc.	
City, State	BOCA RATON FL
Zip Code & Country	33431 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

Registered Agent Signature



Division of Corporations

Annual Report

Page 2

Document Number V44935 Business Entity Name REALTY WHOLESALERS, INC.

Election Campaign Financing Trust Fund Contribution () Yes (No

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