


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90034 027 ***150.00

DOCUMENT # P96000060129 1. Entity Name 350 REALTY CORP.	
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Principal Place of Business 250 WORTH AVENUE UNIT 4 PALM BEACH, FL 33480	Mailing Address 250 WORTH AVENUE UNIT 4 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0707994	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON
250 WORTH AVENUE
PALM BEACH, FL 33480

**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 reinstating) DATE _____

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD STOCKER, MARSHA 18 HOTEL DRIVE WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HEASLIP, SANDY 18 HOTEL DR WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HANDELSMAN, LUCILLE 18 HOTEL DRIVE WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDELSMAN, BURTON 18 HOTEL DR WHITE PLAINS, NY 10605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3/2/04**

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