

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118251

FILED
Sep 14, 2005
Secretary of State

Entity Name: AMBASSADOR REALTORS AND ASSOCAITES, INC.

Current Principal Place of Business:

2040 NE 163 ST
#100
NORTH MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 547262
#100
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 22-3880665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABA, MOSHE
P.O.BOX 547262
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BABA, MOSHE
Address: P.O.BOX 547262
City-St-Zip: SURFSIDE, FL 33154

Title: V () Delete
Name: AVRAHAM, BABA A
Address: P.O.BOX 547262
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BABA MOSHE

P

09/14/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date