2005 FOR PROFIT CORPORATION

FILED Aug 04, 2005 8:00 am Secretary of State

08-04-2005 90005 016 ***550.00

	ANNUAL	REPORT	
DOO! WENT	D04000407	400	

DOCUMENT # P04000107133 1. Entity Name U-SAVE REALTY AND INVESTMENTS INC. Principal Place of Business Mailing Address 50059972 10115 WEST SUNRISE BLVD., #205 10115 WEST SUNRISE BLVD., #205 PLANTATION, FL 33322 PLANTATION, FL 33322 08012005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 06-1730110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gedeon GEDEON, SERGE Street Address (P.O. Box Number is Not Acceptable) 10115 WEST SUNRISE BLVD., #205 PLANTATION, FL 33322 Almos 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent. 8-1-05 (cden) (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete TITLE ☐ Change ☐ Addition TITLE GEDEON, SERGE NAME NAME edeoNE STREET ADDRESS STREET ADDRESS 10115 WEST SUNRISE BLVD., #205 PLANTATION, FL 33322 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE TD Gedeon NAME GEDEON, JUNIE NAME 10115 WEST SUNRISE BLVD., #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY - S1-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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GedeON

8-1-05