


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90071 014 ***158.75

DOCUMENT # P96000011870			
1. Entity Name SELLERS & BUYERS REALTY USA, INC.			
Principal Place of Business 11644 SW EGRET CIRCLE 1505 ARCADIA, FL 34269-8711		Mailing Address P.O. BOX 496090 PORT CHARLOTTE, FL 33949-6090	
2. Principal Place of Business <i>11644 SW EGRET Cir</i> Suite, Apt. #, etc. <i>1505</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>LAKESIDE FL</i>		City & State	
Zip <i>34269-8711</i>		Country <i>USA</i>	
4. FEI Number 65-0693137		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01252004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WHITE, NORMAN G 2369 RISKEN TERRACE PORT CHARLOTTE, FL 33981		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>11644 SW EGRET CIR #1505</i> City <i>LAKESIDE</i> FL Zip Code <i>34269-8711</i>	
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: _____			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WHITE, NORMAN 11644 SW EGRET #505 ARCADIA, FL 34269 <i>LAKESIDE FL 34269-8711</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Norman G. White</i>		Date: <i>01/24/04</i>	Daytime Phone #: <i>941-625-8532</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			