


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000056428

1. Entity Name
REAL ESTATE FLORIDA COMMERCIAL INTERNATIONAL, INC.



Principal Place of Business Mailing Address

20535 N.W. 2ND AVE., SUITE 207 **20535 N.W. 2ND AVE., SUITE 207**
MIAMI, FL 33169 **MIAMI, FL 33169**

DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0762826 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH, RANDY
221 W. HALLANDALE BEACH BLVD
1000
HALLANDALE, FL 33009

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORTH, RANDY
STREET ADDRESS	221 W HALLANDALE BEACH BLVD
CITY- ST- ZIP	HALLANDALE BEACH, FL 33009
TITLE	P
NAME	NORTH, RANDY
STREET ADDRESS	221 W HALANDALE BEACH BLVD
CITY- ST- ZIP	HALLANDALE BEACH, FL 33009
TITLE	O
NAME	JOHNSON, CLAUDE A
STREET ADDRESS	221 W HALLANDALE BEACH BLVD.
CITY- ST- ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 04/09/05-80055-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4/6/2005** **991/400077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #