

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State


01-22-2007 90103 018 ***150.00

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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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
6005 Stirling Rd. **6005 Stirling Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#147 **#147**

City & State City & State
Davie, FL. **Davie, FL.**
 Zip Zip Country Country
33314 **33314** **U.S.A** **U.S.A**

01172007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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, 2007 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	<input type="checkbox"/> Delete
NAME	NORTH, RANDY	
STREET ADDRESS	221 W HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	P	<input type="checkbox"/> Delete
NAME	NORTH, RANDY	
STREET ADDRESS	221 W HALLANDALE BEACH BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	O	<input type="checkbox"/> Delete
NAME	JOHNSON, CLAUDE A	
STREET ADDRESS	221 W HALLANDALE BEACH BLVD.	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* 1/18/07 954.483.0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #