2005 FOR PROFIT CORPORATION

FILED Apr 27, 2005 8:00 am

		ANNUAL	KEPUKI			_	Secret	ary o	า อเ	ate
DOCUMENT # H58358 1. Entity Name PREFERRED BUILDERS REALTY, INC.							04-27-2005	•		
								, B.U		
Principal Place of Business 123 N.W. 13TH STREET		Mailing Address 123 N.W. 13TH S	IDECT			eenta	400			
#300			#300							
BOCA RATO	N, FL 33432	2	BOCA RATON, FL	33432		! ####################################	ARAKANIKA MURKANIAN I	III Bible Bibli Bible B		1100 (1100)
2. Principal Place of Business		3. Mailing Address						and the state of t		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005	Chg-P	CR2E034	(10/03)		
City & State		City & State			4. FEI Number 59-255			→	plied For at Applicable	
Zip		Country	Zip	Cour	ntry		of Status Desired		8.75 Add	litional
	6. Name	and Address of Current	Registered Agent	·····		7. Name and	Address of New	Registered Ag	ent	
CT CORPORATION SYSTEM					Name			_		
C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address	(P.O. Box Numbe	r is Not Acceptab	le)		
	ION, FL 3									
					City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	В
The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.					ed office or registe	ered agent, or bot	h, in the State of F		niliar with,	and accept
ine obliga	aions oi regisi	ereo agent.								
SIGNATURE.		or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)		DATE		
			9. Election Ca	mpolen Fine	oning A L					
		FEE IS \$150.00 5 Fee will be \$550.(Contribution.	· _ ••	ded to Fees				
10.	,	OFFICERS AND	DIRECTORS	11.			CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11
TITLE NAME	P ACKERM	AN PAH	Delete	TITL NAM	r 170.0.	IP and Tr	_		Change	Addition
STREET ADDRESS		13TH STREET #300			ET ADDRESS UNA	nd itemer	Bludy Suit	< 500N		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	TON, FL 33432			-31-21r HG[[ywogd, tL	33021			
TITLE NAME	DS	ON, PATRICIA	☐ Delete	TITLI NAM	للمناة ع	sident onio B. M	lou	_	Change	☐ Addition
STREET ADDRESS					ET ADORESS 400	o Hollywoo	7 BU9-20	17th 5001	U	
CITY-ST-ZIP	D	OOD, FL 33021	Пол.			Hywodd, i	EL 3302		7.0	
NAME	KOTLER,	RANDY	☐ Delete	TITLI NAM				L	Change	☐ Addition
STREET ADDRESS 4000 HOLLYWOOD BLVD, SUITE 500-N CITY-ST-ZIP HOLLYWOOD, FL 33021			STRE	ET ADDRESS						
		20D EL 22004		0170						
I IIILE	 	OOD, FL 33021			- ST-ZIP				7 Channa	□ Addis-
TITLE NAME	DVP MCADEN	, TOMMY	Delete	TITLE	E E] Change	☐ Addition
	DVP MCADEN 4000 HOL		Delete	TITLE NAM STRE				С] Change	☐ Addition
NAME Street address	DVP MCADEN 4000 HOL	, TOMMY LYWOOD BLVD STE 5	Delete	TITLE NAM STRE	E E ET ADDRESS -ST-ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DVP MCADEN 4000 HOL	, TOMMY LYWOOD BLVD STE 5	Defete 500N	TITLE NAM STRE CHY TITLE	E E EET ADDRESS -S1-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVP MCADEN 4000 HOL	, TOMMY LYWOOD BLVD STE 5	Defete 500N	TITLE NAM STRE CHY TITLE NAM STRE	E E EET ADDRESS -SI-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DVP MCADEN 4000 HOL	, TOMMY LYWOOD BLVD STE 5	Defete 500N	TITLE NAM STRE CHY TITLE NAM STRE	E E E ADDRESS -SI-ZIP E E E ADDRESS -SI-ZIP -SI-ZIP -SI-ZIP			С		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCADEN 4000 HOL	, TOMMY LYWOOD BLVD STE 5	Defete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	E E ET ADDRESS -SI-ZIP E E ET ADDRESS -SI-ZIP SI E E ET ADDRESS -SI-ZIP			С] Change	☐ Addition

12. Thereby certify that the information opposed with this filing does not obtain the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplies the product rue and acceptate 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 of the degree of powered to expect the product as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 110 or Block 1 (954)364-4032

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date