


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H81107	
1. Entity Name ROY MIZELL REAL ESTATE, INC.	

Principal Place of Business 1291 NW 6 ST FT. LAUDERDALE FL 33311	Mailing Address P.O. BOX 1641 FT. LAUDERDALE FL 33302
---	--



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
---	--	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
WILCOX, EVELINE 1305 N.W. 6TH STREET FT. LAUDERDALE FL 33311	
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 _____
Signature typed or printed name of registered agent (and state if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME WILCOX, EVELINE STREET ADDRESS 1305 NW 6TH ST CITY- ST- ZIP FT. LAUDERDALE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1000000842918 03/11/08-80050-003 150.00
TITLE VD <input type="checkbox"/> Delete	NAME KURTZ, RICHARD A STREET ADDRESS 1305 NW 6TH ST CITY- ST- ZIP FT. LAUDERDALE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE STD <input type="checkbox"/> Delete	NAME WARD, LINDA D. STREET ADDRESS 1305 NW 6TH ST CITY- ST- ZIP FT. LAUDERDALE FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eveline Wilcox* **12 Feb 2008** **954-467-3426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR