2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 19, 2006 08:00 AN DOCUMENT # H94251 **Secretary of State** 1. Entity Name 1-95 REALTY, INC. Principal Place of Business Mailing Address 3041 NE 42 ST 3041 NE 42 ST FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 59-2775838 Not Applicable \$8.75 Additional Zin Country Country Z_{1D} 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARMEN V. GROSSO Street Address (P.O. Box Number is Not Acceptable) 3041 NE 42 ST FT LAUDERDALE FL 33308 City 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signalure required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the warver of the \$400.00. \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. П Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THIE ☐ Change Addition GROSSO, CARMEN V NAME NAME 3041 NE ST STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY ST - ZIP CITY-ST-2IP PSTD THE Defete TITLE ☐ Change Addition GROSSO, CARMEN V. NAME NAME 3041 NE 42 ST 07/Ĭ9/ŏš-800ŏĬ-018 150.00 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-SI-78P IIILE ☐ Delete THE Change Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change TITLE Defete ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Defete THIE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on 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

MMEN V. CROSSD 7.17.06 GTY5662849

E OF SIGNING OFFICER OR DIRECTOR

Davie Daviene Phone *

changed, or on an attachment with

SIGNATURE:

FILED