


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90026 005 ***150.00

DOCUMENT # K09450 1. Entity Name PREFERRED REALTY AND MANAGEMENT SERVICES, INC.			
Principal Place of Business % SAMUEL J. CANTOR 6700 BROKEN SOUND PKWY NW SUITE 200 BOCA RATON, FL 33487		Mailing Address % SAMUEL J. CANTOR 6700 BROKEN SOUND PKWY NW SUITE 200 BOCA RATON, FL 33487	
2. Principal Place of Business 2499 Glades Road Suite, Apt. #, etc. 210 City & State Boca Raton, FL Zip 33431		3. Mailing Address 2499 Glades Road Suite, Apt. #, etc. 210 City & State Boca Raton, FL Zip 33431	
Country US		Country US	
4. FEI Number 65-0020267		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 CANTOR, SAMUEL J 6700 BROKEN SOUND PKWY NW SUITE 200 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Samuel J. Cantor Street Address (P.O. Box Number is Not Acceptable) 2499 Glades Road, Suite 210 City Boca Raton	
State FL		Zip Code 33431	
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 <u><i>Samuel J. Cantor</i></u> 1/18/06 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DPS CANTOR, SAMUEL J 3885 ST JAMES WAY BOCA RATON, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Samuel J. Cantor, Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/18/06 5619829555 <small>Office Daytime Phone #</small>	