

**2008 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L51965**

1. Entity Name

REALTY BROKERS INTERNATIONAL, INC.



Principal Place of Business

5269 WHITE IBIS DRIVE  
NORTH PORT, FL 34287 US

Mailing Address

5269 WHITE IBIS DRIVE  
NORTH PORT, FL 34287 US



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0195793

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAYERS, CARMEN S  
5269 WHITE IBIS DR  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

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 title 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000774885  
01/08/08-80007-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SAYERS, CARMEN
STREET ADDRESS	5269 WHITE IBUS DR
CITY- ST- ZIP	NORTH PORT, FL 34287
TITLE	VP
NAME	MYRICK, LYNDIA S
STREET ADDRESS	5269 WHITE IBIS DRIVE
CITY- ST- ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carmen Sayers* 1/05/08 (941) 423-1515