

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 037 ***150.00

DOCUMENT # L66810

1. Entity Name

PROPERTY SALES AND INVESTMENTS, INC.



Principal Place of Business

11900 BISCAYNE BLVD.
SUITE 104
NORTH MIAMI, FL 33181

Mailing Address

11900 BISCAYNE BLVD.
SUITE 104
NORTH MIAMI, FL 33181

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0261244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREDEL, SUSAN
11900 BISCAYNE BLVD
SUITE 104
N MIAMI FL 33181

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME FREDEL, SUSAN
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE VD ☐ Delete
NAME FREDEL, SUSAN
STREET ADDRESS 11900 BISCAYNE BLVD.
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

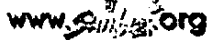
SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/05

www.sunbiz.org

ATTACHMENT
L66810
50027014
Division of Corporations

Annual Report

Document Number

L66810

Business Entity Name

PROPERTY SALES AND INVESTMENTS, INC.

FEI Number

650261244

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

11900 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 104

City, State

NORTH MIAMI**FL**

Zip Code & Country

33181

Mailing Address

Address

11900 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 104

City, State

NORTH MIAMI**FL**

Zip Code & Country

33181

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

FREDEL, SUSAN

Address:

11900 BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 104

City, State

N MIAMI**FL**

Zip Code & Country

33181**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

ATTACHMENT466870
50027014
forgery under s.831.06, Florida Statutes

Officer/Director Name And Address

Title PST
Name (Last, First, Middle, Title)
-or- Entity Name FREDEL, SUSAN
Street Address 11900 BISCAYNE BLVD.
City, State NORTH MIAMI, FL
Zip Code & Country 33181

Title VD
Name (Last, First, Middle, Title)
-or- Entity Name FREDEL, SUSAN
Street Address 11900 BISCAYNE BLVD.
City, State NORTH MIAMI, FL
Zip Code & Country 33181

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country