

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90026 006 ***150.00

DOCUMENT # P00000002074

1. Entity Name
THE REALTY DEPOT OF AMERICA, INC.



Principal Place of Business
**4801 S UNIVERSITY DR
251
FORT LAUDERDALE, FL 33328 US**

Mailing Address
**4801 S UNIVERSITY DR
251
FORT LAUDERDALE, FL 33328 US**

94047295



2. Principal Place of Business
9949 NW 89TH AVENUE

3. Mailing Address
9949 NW 89TH AVENUE

Suite, Apt. #, etc.
UNIT 7

Suite, Apt. #, etc.
UNIT 7

City & State
MEDLEY, FL

City & State
MEDLEY, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

03192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0972308

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHANEY, ROBERT X
2100 W 76 STREET SUITE 211
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name
CHANEY, ROBERT K

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 _____ DATE **3/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PST ☐ Delete

NAME
CHANEY, WILLIAM

STREET ADDRESS
8520 SW 40TH STREET

CITY-ST-ZIP
MIAMI, FL 33166

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

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PST ☒ Change ☐ Addition

NAME
CHANEY, WILLIAM

STREET ADDRESS
580 NE 164 STREET

CITY-ST-ZIP
MIAMI, FL 33162

TITLE
☐ Change ☒ Addition

NAME
VPD MIRANDA, DANIEL

STREET ADDRESS
10020 SHERIDAN ST #8-N7

CITY-ST-ZIP
HOLLYWOOD, FL 33024

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/6/04 305 887-8211