

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90143 012 ***150.00

DOCUMENT # P00000012396

1. Entity Name

IS IT REAL SAMPLE, INC.



Principal Place of Business

21218 ST. ANDREWS BLVD.,PMB 309
BOCA RATON FL 33433

Mailing Address

21218 ST. ANDREWS BLVD.,PMB 309
BOCA RATON FL 33433



2. Principal Place of Business - No P.O. Box #

2900 W. SAMPLE RD

3. Mailing Address

21218 ST. ANDREWS BLVD

Suite, Apt. #, etc.

KE 0111

Suite, Apt. #, etc.

PMB #309

City & State

BOCA RATON BEACH FLA

City & State

BOCA RATON FLA

Zip

33073-3024

Country

USA

Zip

33433

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0984480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, JERRY
21218 ST. ANDREWS BLVD.,PMB 309
BOCA RATON FL 33433

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, 2007 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
GOLDMAN, JERRY
7337 ESTRELLA CT
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JERRY GOLDMAN

Date

3/12/07

Daytime Phone #

561-906-3509