

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000012491

1. Entity Name

IS IT REAL P.B., INC.



Principal Place of Business

3971 JOG RD
GREEN ACRES FL 33467

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0984488**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME GOLDMAN, ANA MARIA
STREET ADDRESS 7337 ESTRELLA CT
CITY- ST- ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
UN00000318630
04/20/05-80066-016 150.00

TITLE ☐ Delete
NAME VP
NAME GOLDMAN, JERRY
STREET ADDRESS 7337 ESTRELLA CT.
CITY- ST- ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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)(f), 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 **Jerry Goldman VP.**

4/20/05 521-906-3509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #