

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90014 024 ***150.00

DOCUMENT # P00000022127

1. Entity Name
GOOD NEWS REAL ESTATE SERVICES, INC.



Principal Place of Business
1401 N.W. 108TH AVE
290
PLANTATION, FL 33322

Mailing Address
1401 N.W. 108TH AVE.
290
PLANTATION, FL 33322

400A0127



2. Principal Place of Business
156 N.W. 98 TERR
Suite, Apt. #, etc.

3. Mailing Address
156 N.W. 98 TERR
Suite, Apt. #, etc.

02022006 Chg-P CR2E034 (11/05)

City & State
PLANTATION, FL.
Zip
33324 Country
USA

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PLANTATION, FL.
Zip
33324 Country
USA

4. FEI Number
65-0991471
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BLANCO, MARGARITA S
1401 N.W. 108TH AVE.
290
PLANTATION, FL 33322

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS BLANCO, MARGARITA S 1401 N.W. 108TH AVE. #290 PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. BLANCO, MARGARITA S. 156 N.W. 98 TERRACE PLANTATION, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] (305) 345-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #