2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000043833

1. Entity Name
BUY OR RENT, INC.

Principal Place of Business	Mailing Address
22385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431	22385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1021963

Applied For
Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

TURNER, OTHEL
5767 W SUNRISE BLVD.
PLANTATION, FL 33313

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9. 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
Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $350.00

8. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	KOPP, KENNETH
STREET ADDRESS	20910 ARENEL RUN
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	KOPP, KENNETH
STREET ADDRESS	20910 AVENEL RUN
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80042-019 150.00

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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: _____ 4/30/04 (561) 488-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SHARES OFFICER OR DIRECTOR — Date — Daytime Phone #