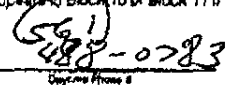


C SEGOVIA

Fax : 561-795-1438

Apr 29 '04 14:39 P.01

**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 22385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431		Mailing Address 22385 EXECUTIVE CENTER DR STE 100 BOCA RATON, FL 33431
DO NOT WRITE IN THIS SPACE		
2. Name and Address of Current Registered Agent TURNER, OTHEL 5787 W SUNRISE BLVD. PLANTATION, FL 33313		DO NOT WRITE IN THIS SPACE
3. 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 date if applicable. (NOTE: Registered Agent signature required when submitting.) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		4. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PVST KOPP, KENNETH 20910 ARENEL RUN BOCA RATON, FL 33428	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOPP, KENNETH 20910 AVENEL RUN BOCA RATON, FL 33428	
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TITLE 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)(b), 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 attorney-like empowered.		
SIGNATURE: 		4/30/04 
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1021963Applied For
(Not Applicable)5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**000000151402
05/04/04-80042-019 150.00**DO NOT WRITE
IN THIS SPACE**