

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
**BLUE RIBBON REAL ESTATE, INC.**



**Mailing Address**  
12281 NW 8TH ST  
PLANTATION, FL 33325

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1040719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STURMAN, MARK  
12281 NW 8TH ST  
PLANTATION, FL 33325

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**\$5.00** May Be  
Added to Fees

000000920276  
05/14/09-00039-001 158.75

10.	OFFICERS AND DIRECTORS
-----	------------------------

TITLE	PD
NAME	STURMAN, MARK
STREET ADDRESS	12281 NW 8TH ST
CITY - ST - ZIP	PLANTATION, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK STURMAN, Pres

Daytime Phone # \_\_\_\_\_