


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90462 009 \*\*\*150.00

<b>DOCUMENT # P01000001141</b>	
1. Entity Name <b>FIRST ACCESS REALTY, INC.</b>	

Principal Place of Business <b>2500 E HALLANDALE BEACH #705 HALLANDALE BEACH FL 33009</b>	Mailing Address <b>16225 SW 7TH STREET PWBROKE PINES FL 33027</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>16225 SW 7 ST</b> Suite, Apt. #, etc.
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City & State <b>PENSACOLA PINES FL</b>	City & State <b>PENSACOLA PINES FL</b>
Zip <b>33027</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-1065836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COLLINS, ISABEL 3851 SW 160 AVE #102 MIRAMAR FL 33027</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

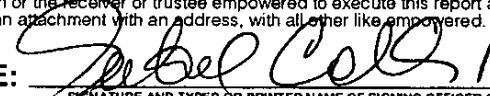
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **04/25/05**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSPD COLLINS, ISABEL 16225 SW 7 ST MIRAMAR FL 33027</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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:  **ISABEL COLLINS** 04/25/05 954-3949753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #