

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90020 028 ***150.00

DOCUMENT # P01000028403

1. Entity Name
CHOICE ONE REAL ESTATE CORP.



Principal Place of Business
~~18400~~
~~18330~~ FRANJO ROAD
PALMETTO BAY, FL 33157 - 7023
CUTLER

Mailing Address
18400 FRANJO ROAD
PALMETTO BAY, FL 33157 - 7023
CUTLER



02142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1107049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACDOUGALL, EDWARD P
18400 SW 97 AVE
MIAMI, FL 33157 CUTLER BAY, FL 33157

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------------|
| TITLE | CEO CHAIRMAN |
| NAME | MACDOUGALL, EDWARD |
| STREET ADDRESS | 18400 FRANJO ROAD |
| CITY-ST-ZIP | MIAMI, FL 33157 CUTLER BAY, FL 33157 |
| TITLE | PS |
| NAME | FULLANA, MARCOS |
| STREET ADDRESS | 18400 FRANJO ROAD |
| CITY-ST-ZIP | MIAMI, FL 33157 |
| TITLE | BO CEO PS |
| NAME | MACDOUGALL, ROBERT |
| STREET ADDRESS | 18400 FRANJO ROAD |
| CITY-ST-ZIP | MIAMI, FL 33157 CUTLER BAY, FL 33157 |
| 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

ROBERT W. MACDOUGALL

4/23/07

305-252-1873

Date

Daytime Phone #