

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90034 047 \*\*\*150.00

DOCUMENT # P01000031532

1. Entity Name

BUYERS & SELLERS REALTY CENTER, INC.



Principal Place of Business

11160 N. KENDALL DRIVE  
104  
MIAMI FL 33176

Mailing Address

7741 SW 145 ST  
MIAMI FL 33158

40010001



2. Principal Place of Business - No P.O. Box #

9580 SW 107 AVE

3. Mailing Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State

Zip

33176

Country

Zip

Country

4. FEI Number 65-1091390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

SILVER, SCOTT A  
1110 BRICKELL AVE  
PENTHOUSE ONE  
MIAMI FL 33131

SAME AGENT,  
NEW ADDRESS

7. Name and Address of New Registered Agent

Name SCOTT SILVER

Street Address (P.O. Box Number is Not Acceptable)  
18001 OLD CUTLER ROAD

SUITE 600

City PALMETTO BAY

FL

Zip Code

33157

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CROMER, THOMAS  
STREET ADDRESS 7741 SW 145 ST  
CITY ST / ZIP MIAMI FL 33158

TITLE V ☐ Delete  
NAME CROMER, LYNN  
STREET ADDRESS 7741 SW 145 ST  
CITY ST / ZIP MIAMI FL 33158

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST / ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Change ☐ Addition  
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CITY ST / ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST / ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

THOMAS CROMER

Date

2/6/07

Daytime Phone #

305 595-1099 x11