


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90148 034 ***158.75

DOCUMENT # P01000079219	
1. Entity Name A BUYER'S CHOICE REALTY INVESTMENT, INC.	

Principal Place of Business 133 GIRALDA AVENUE CORAL GABLES, FL 33134	Mailing Address 133 GIRALDA AVENUE CORAL GABLES, FL 33134
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2. Principal Place of Business 3191 CORAL WAY Suite, Apt. #, etc. SUITE G16 City & State MIAMI FL Zip 33145 Country USA	3. Mailing Address 3191 CORAL WAY Suite, Apt. #, etc. SUITE G16 City & State MIAMI FL Zip 33145 Country USA
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04252005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1139083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent DONNELLY, WILLIAM J 127 SALAMANCA AVE. CORAL GABLES, FL 33134
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7. Name and Address of New Registered Agent Name SAMR Street Address (P.O. Box Number is Not Acceptable) 3191 CORAL WAY SUITE G16 City MIAMI FL Zip Code 33145

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, WILLIAM J 127 SALAMANCA AVE. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: William J. Donnelly William J. Donnelly 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #