## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P01000099217 1. Entity Name 04-19-2005 90379 049 \*\*\*150.00 SERAFINA MARTELL & CO. REALTORS, INC. Principal Place of Business Mailing Address 110 N. OCEAN BLVD. 110 N. OCEAN BLVD. POMPANO BEACH FL 33062 PCMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1145643 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOOMGARDEN, PAUL M Street Address (P.O. Box Number is Not Acceptable) PINE ISLAND COMMONS 8551 WEST SUNRISE BLVD., SUITE 208 FORT LAUDERDALE FL 33322 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ■ Delete TITLE Change Addition ADAMS, WILLIAM NAME NAME M.R. Merryfield STREET ADDRESS 110 N. OCEAN BLVD. STREET ADDRESS 110 N Ocean Blvd. CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-7IP Pompano Beach, Fl. 33062 TITLE ☐ Delete TITLE ☐ Change Addition NAME STALLCUP, JOHN NAME STREET ADDRESS 110 N OCEAN BLVD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS-STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition MILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNING OFFICER OR DIRECTOR

**FILED** 

April 11, 2005