


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 8:00 am
Secretary of State

06-20-2007 90043 001 ***450.00

DOCUMENT # P02000013491

1. Entity Name
FULL SERVICE REALTY, INC.



Principal Place of Business Mailing Address
6565 TAFT STREET 13749 NW 18 COURT
SUITE 207 PEMBROKE PINES, FL 33028
HOLLYWOOD, FL 33024

66019508



2. Principal Place of Business - No P.O. Box #
6565 Taft Street

3. Mailing Address
13749 NW 18 Ct

Suite, Apt. #, etc. City & State
207 Hollywood, FL

City & State
Pembroke Pines

Zip Country
33024 U.S.

05252007 Chg-P CR2E034 (12/06)

4. FEI Number **82-0543867** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HIBBERT, BRIDGETTE
13749 NW 18 COURT
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** 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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIBBERT, BRIDGETTE		STREET ADDRESS	
STREET ADDRESS 13749 NW 18TH COURT		CITY-ST-ZIP	
CITY-ST-ZIP PEMBROKE PINES, FL 33028			
TITLE S	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIBBERT, BRIDGETTE		STREET ADDRESS	
STREET ADDRESS 13749 NW 18TH COURT		CITY-ST-ZIP	
CITY-ST-ZIP PEMBROKE PINES, FL 33028			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Bridgette Hibbert* Date: *6/14/07* Daytime Phone: *889 274-2778*