## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🔟

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jul 08, 2005 8:00 am Secrétary of State DOCUMENT # P02000043763 07-08-2005 90024 018 \*\*\*150.00 SIGNATURE ESTATE BUYERS, INC. Principal Place of Business Mailing Address 5800 NW 82ND TERRACE 5800 NW 82ND TERRACE 20022333 TAMARAC, FL 33321 TAMARAC, FL 33321 3. Mailing Address 3000 N. UNIVERST 2. Principal Place of Business 3000 N. UNIVERSITY Suite, Apt. #, etc Suite, Apt. #, etc. 07052005 CR2E034 (10/03) Chg-P City & State 4. FE! Number Applied For City & State 75-3049030 Not Applicable OFAL SPRING Country \$8.75 Additional 5. Certificate of Status Desired DED Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOINX STEINBERG, HOWARD 5800 NW 82ND TERRACE UNIVERSO TAMARAC, FL 33321 City 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 familia the obligations of registered agent. SIGNATURE d litle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPTS Change Delete TITLE ☐ Addition TITLE NAME STEINBERG, HOWARD NAME STREET ADDRESS 5800 NW 82ND TERRACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMARAC, FL 33321 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

Daytime Phone #

## M A S PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

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Florida Department of State

PO BOX 1500-

Tallahassee, Fl. 32302-1500

Re: Signature Estate Buyers, Inc.

Doc # P02000043763

To Whom It May Concerp

We are enclosing a request for the reinstatement of our client, Signature Estate Buyers, Inc. and have included the notice the fee was paid, but have not included the penalty due to our client not having received the corporate annual renewal documents because of an incorrect and change of address.

We notified the client the corporate renewal had not occurred and they requested our assistance in the procedures to pay the corporate renewal.

Based upon the failure of our client to receive the renewal form due to an address change, we are therefore formally requesting an acceptance of the renewal form without penalty.

Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez