## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000063859

Entity Name: CALL MY REALTOR, CORP.

FILED Jul 09, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace Of Dusiliess.

5400 S.UNIVERSITY DRIVE BLDG. L-STE 603 DAVIE, FL 33328

**Current Mailing Address: New Mailing Address:** 

5400 S.UNIVERSITY DRIVE 5400 S. UNIVERSITY DRIVE BLDG. L-STE 603 BLDG. L-STE 603 DAVIE, FL 33328 DAVIE, FL 33328 US

FEI Number: 82-0552271 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIFFARD, SUSSETTE J GIFFARD, SUSSETTE J 8600 SW 21TH CT 8600 SW 21ST CT US US DAVIE, FL 33324 DAVIE, FL 33324

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.

SIGNATURE: 07/09/2008

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address: City-St-Zip: Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GIFFARD, SUSETTE J GIFFARD, SUSSETTE J Name: 8600 SW 21 CT Address: 8600 SW 21ST CT **DAVIE, FL 33324** City-St-Zip: **DAVIE, FL 33324** 

Title: (X) Delete Title: () Change () Addition

GIFFARD, WILLIAM F Name: Name: 8600 SW 21 CT Address: Address: **DAVIE, FL 33324** City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: SUSSETTE J. GIFFARD 07/09/2008