2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # P02000079695 04-02-2004 90033 036 ***150.00 FIRST CHOICE REALTY GROUP, INC. Principal Place of Business Mailing Address 94042642 6401 CONGRESS AVENUE 6401 CONGRESS AVENUE SUITE 140 SUITE 140 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03302004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 55-0755026 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired -Fee Required --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEVEN LIPPMAN Street Address (P.O. Box Number is Not Acceptable) 6401 CONGRESS AVE. STE. 140 BOCA RATON, FL 33487 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 reinstuting) DATE ٦, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THEF LIPPMAN KAren 6401 Congress Avenue Suite 140 NAME LIPPMAN, KAREN NAME STREET ADDRESS 6401 CONGRES AVE. STE. 140 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-7P TITLE Delete TITLE [Change Addition NAME EVERETT, DALE NAME STREET ADDRESS 1000 LOWRT ST. #2C STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-78P mu · Delete TITLE --= Change-Addition-NAME LIPPMAN, MARY NAME STREET ADDRESS 6401 CONGRESS AVE. ATE. 140 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-7IP TITLE ☐ Delete [] Change TITLE **X** Addition Lippman, Steve NAME NAME 6401 Congress Avenue Suite 140 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP Boxx Raken TITLE Delete THE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ___ 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental proof 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 officers with all other-like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED