

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000079695

1. Entity Name
FIRST CHOICE REALTY GROUP, INC.



Principal Place of Business
6401 CONGRESS AVENUE
SUITE 140
BOCA RATON, FL 33487

Mailing Address
6401 CONGRESS AVENUE
SUITE 140
BOCA RATON, FL 33487



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0755026

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEVEN LIPPMAN
6401 CONGRESS AVE. STE. 140
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000728225
05/07/07-80008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LIPPMAN, KAREN
STREET ADDRESS	6401 CONGRES AVE. STE. 140
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	S
NAME	BRUCK, JOYCE
STREET ADDRESS	6401 CONGRESS AVE, # 140
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	P
NAME	LIPPMAN, STEVE
STREET ADDRESS	6401 CONGRESS AVE. ATE. 140
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Karen Lippman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07
Date

561-999-9701
Daytime Phone #