2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000126 1. 'Entity Name BUY PROPERTIES, INC.	6457		FILED 07 MAY -7 AM	0· 00	
Principal Place of Business Mailing Address 2205 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6707 HOLLYWOOD FL 33020-6707			77 77 75 15 15 15 15 15 15 15 15 15 15 15 15 15	_	
2. Principal Place of Business - No P.O. Box #	cipal Place of Business - No P.O. Box # 3. Mailing Address				
Suite, Apt. #, etc.	#, otc. Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)		
City & State	City & State		4. FEI Number 46-0516867	Applied For Not Applicable	
Zip Country	Zip	Country		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent		Namo	7. Name and Address of New Registered Agent Namo		
LANGBAUM, MADELINE 2205 HOLLYWOOD BLVD HOLLYWOOD FL 33020-6707			Street Address (P.O. Box Number is Not Acceptable)		
		City	FL	Zip Code	
The above named entity submits this statementhe obligations of registered agent.	nt for the purpose of changing its r	registered office or register	- -	i	
SIGNATURE					
Signature, typed or printed name of registered ac	gent and title r applicable. (NOTE:	Registered Agent signature required	d when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550. Make Check Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	_ +0.00	
	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
INTE PST LANGBAUM, MADELINE STREET ADDRESS CITY-ST-ZIP STATE PST LANGBAUM, MADELINE 2515 NE 208TH TERRACE NORTH MIAMI BEACH FL 3318	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ļ	Change Addition	
UTLE	☐ Deloie	TIPLE	[Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAMI. STREET ADDRESS CITY-S1-ZIP	90010250729 05/15/0701015003 *	99 **850.00	
IIILE NAME	☐ Delete	TITLE: NAME		☐ Change ☐ Addition	
STREEL ADDRESS CITY-ST ZIP		STRUET ADDRUSS CITY- ST- ZIP			
TITEE NAME	☐ Delete	TITLL' NAMI:		Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	☐ Delete	title Name:		☐ Change ☐ Addition	
SIREET ADDRESS CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	☐ Delete	DILE'	(Change Addition	
SIREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: Acheles Anghaum Undern Hogism (ws. 04/250) 1-954-923-5405 SIGNATURE AND TYPED OR PRINTED PR					