

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90003 013 ***150.00

DOCUMENT # P03000006876

1. Entity Name
AMERICA'S #1 REALTY, INC.



Principal Place of Business
~~9500 NW 77 AVE.
#28
HIALEAH, FL 33016~~

Mailing Address
~~8065 W. 16 AVE.
HIALEAH, FL 33014~~

50060138



2. Principal Place of Business

1541 N.W. 118 AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 160665
Suite, Apt. #, etc.

07122005 Chg-P CR2E034 (10/03)

City & State

PEMBROKE PINES, FL.

City & State

HIALEAH, FL.

4. FEI Number
74-3077815

Applied For
Not Applicable

Zip

33026

Country

Zip

33016

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~VAZQUEZ, MARIA D
8065 W. 16TH AVE.
HIALEAH, FL 33014~~

7. Name and Address of New Registered Agent

Name VAZQUEZ, MARIA D

Street Address (P.O. Box Number is Not Acceptable)

1541 N.W. 118 AVE

City PEMBROKE PINES

FL

Zip Code

33026

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE ~~PS~~
NAME ~~VAZQUEZ, MARIA D~~
STREET ADDRESS ~~8065 W. 16TH AVE.~~
CITY-ST-ZIP ~~HIALEAH, FL 33014~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PS~~
NAME ~~VAZQUEZ, MARIA D~~
STREET ADDRESS ~~1541 N.W. 118 AVE~~
CITY-ST-ZIP ~~PEMBROKE PINES, FL. 33026~~

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #