


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90035 022 ***150.00

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|---|-----------------------|---|-----------------------|
| DOCUMENT # P03000024141 | |  | |
| 1. Entity Name FOX REAL ESTATE SERVICES, INC. | | | |
| Principal Place of Business 8721 SW 14TH ST PEMBROKE PINES FL 33025 | | Mailing Address 8721 SW 14TH ST PEMBROKE PINES FL 33025 | |
| 2. Principal Place of Business 2734 Polk Street | | 3. Mailing Address 16323 NW 5 Street | |
| Suite, Apt. #, etc. Suite G | | Suite, Apt. #, etc. | |
| City & State Hollywood, FL | | City & State Pembroke Pines, FL | |
| Zip 33020 | Country USA | Zip 33028 | Country USA |



1st MOORE CR2E034 (10/05)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent SEGUINE-JANSEN, DIANE 8721 SW 14TH ST PEMBROKE PINES FL 33025 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete SEGUINE-JANSEN, DIANE 8721 SW 14TH ST PEMBROKE PINES FL 33025 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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:  **3/7/06** **954-704-2455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #