

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90018 010 ***150.00

DOCUMENT # PQ3000024141

1. Entity Name

FOX REAL ESTATE SERVICES, INC.



Principal Place of Business

2734 POLK ST
STE. G
HOLLYWOOD FL 33020

Mailing Address

16323 NW 5 STREET
PEMBROKE PINES FL 33028



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 56-2324700

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGUINE-JANSEN, DIANE
8721 SW 14TH ST
PEMBROKE PINES FL 33025

*Same
except
new home
address
Thank you!*

Name

Street

City

7. Name and Address of New Registered Agent

Diane E. Seguire Jansen
16323 NW 5th Street
Spring Valley
Pembroke Pines, Florida 33028

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

[Signature]

(NOTE: Registered Agent signature required when resigning)

1/19/2007

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SEGUINE-JANSEN, DIANE	
STREET ADDRESS	8721 SW 14TH ST	
CITY ST ZIP	PEMBROKE PINES FL 33025	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>HOME ADDRESS CHG. ONLY</i>	☒ Change ☐ Addition
NAME	<i>Diane E. Seguire Jansen</i>	
STREET ADDRESS	<i>16323 NW 5th Street</i>	
CITY ST ZIP	<i>Spring Valley</i>	
TITLE	<i>Pembroke Pines, Florida 33028</i>	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/2007 . 954-704-2455