

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90006 008 ***550.00

DOCUMENT # P03000058329 1. Entity Name OXFORD REALTY GROUP, INC.			
Principal Place of Business 3042 NORTH FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE, FL 33306		Mailing Address 3042 NORTH FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE, FL 33306	
2. Principal Place of Business 120 E. Oakland Park Blvd Suite, Apt. #, etc. 105 City & State Ft Lauderdale FL Zip 33334 Country USA		3. Mailing Address 120 E. Oakland Park Blvd Suite, Apt. #, etc. 105 City & State Ft Lauderdale, FL Zip 33334 Country USA	
4. FEI Number 86-1064469		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYD, DARYL M 1426 AMANDA ST HOLLYWOOD, FL 33020		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	D BOYD, DARYL M 1426 AMANDA ST HOLLYWOOD, FL 33020 <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 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 Daryl M Boyd <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-3-05 (954) 661-8382 <small>Date Daytime Phone #</small>	