


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000070689 1. Entity Name FLORIDA FULL SERVICE REALTY, INC.	
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Principal Place of Business 9101 SUNRISE LAKES BLVD., #117 SUNRISE, FL 33322	Mailing Address 9101 SUNRISE LAKES BLVD., #117 SUNRISE, FL 33322
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DO NOT WRITE IN THIS SPACE



03192006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0187189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FIFELSKI, LUANA 9101 SUNRISE LAKES BLVD., #117 SUNRISE, FL 33322

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IN THIS SPACE**

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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FIFELSKI, LUANA 9101 SUNRISE LAKES BLVD., #117 SUNRISE, FL 33322
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Luana M. Fifeliski, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> LUANA M. FIFELSKI	4/10/06 <small>Date</small>	954-746-5891 <small>Daytime Phone #</small>
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