

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90183 025 ***150.00

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1. Entity Name
AMERICAN REALTY REFERRALS, INC.



Principal Place of Business
**1515 RIDGE WOOD AVE.
HOLLY HILL, FL 32117 US**

Mailing Address
**1515 RIDGE WOOD AVE
A
DAYTONA BEACH, FL 32117 US**

40050252



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0099502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Loguidice
LOGUIDICE, NOE
**1515 RIDGE WOOD AVE STE A
DAYTONA BEACH, FL 32117**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

Loguidice *1/8/07*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PINTO, CARLOS
1515 RIDGE WOOD AVE
DAYTONA BEACH, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAVZEL, JOANNE
1515 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'DEA, MARY ANN H
1515 RIDGEWOOD AVE.
HOLLY HILL, FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Loguidice *1/8/07*
Carlos Pinto *3/23/07*