

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90089 020 ***150.00

DOCUMENT # P03000080642

1. Entity Name
EASY DISCOUNT REALTY, INC.



Principal Place of Business

3001 SW 142 AVENUE
MIAMI, FL 33175

Mailing Address

3001 SW 142 AVENUE
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0105970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FONSECA, RAUL
3001 SW 142 AVENUE
MIAMI, FL 33175

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FONSECA, RAUL
STREET ADDRESS 3001 SW 142 AVENUE
CITY - ST - ZIP MIAMI, FL 33175

TITLE V
NAME FONSECA, EMMA
STREET ADDRESS 3001 SW 142 AVENUE
CITY - ST - ZIP MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____