

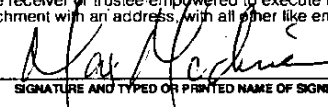


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90343 048 \*\*\*150.00

<b>DOCUMENT # P03000087471</b> 1. Entity Name <b>RENT &amp; SELL REALTY, INC.</b>					
Principal Place of Business <b>9745 SOUTHWEST 72ND STREET SUITE 217 MIAMI, FL 33173</b>			Mailing Address <b>9745 SOUTHWEST 72ND STREET SUITE 217 MIAMI, FL 33173</b>		
2. Principal Place of Business <b>1680 SW Bayshore Blvd</b> Suite, Apt. #, etc. <b>Suite 113</b>		3. Mailing Address <b>1680 SW Bayshore Blvd</b> Suite, Apt. #, etc. <b>Suite 113</b>			
City & State <b>Port St. Lucie, FL</b>		City & State <b>Port St. Lucie, FL</b>		4. FEI Number <b>43-2024986</b>	
Zip <b>34984</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CRAIG E. WEISSBERG, PA 9100 SOUTH DADELAND BOULEVARD PENTHOUSE I - SUITE 1701 MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINE, MAX 9745 SOUTHWEST 72ND STREET MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINE, MAX 1680 SW Bayshore Blvd, suite 113 Port St. Lucie, FL 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINE, MAX 1680 SW Bayshore Blvd, suite 113 Port St. Lucie, FL 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINE, MAX 1680 SW Bayshore Blvd, suite 113 Port St. Lucie, FL 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINE, MAX 1680 SW Bayshore Blvd, suite 113 Port St. Lucie, FL 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINE, MAX 1680 SW Bayshore Blvd, suite 113 Port St. Lucie, FL 34984	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			4/14/05 772-336-8814 <small>Date Daytime Phone #</small>		