

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90050 038 ***150.00

DOCUMENT # P03000158196

1. Entity Name
FLAT FEE REALTORS INC



Principal Place of Business
**10240 SW 159 PL
MIAMI, FL 33196**

Mailing Address
**10240 SW 159 PL
MIAMI, FL 33196**

54028963

2. Principal Place of Business

3. Mailing Address

4011 West Flagler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

504

02122004

Chg-P

CR2E034 (10/03)

City & State

City & State

Miami FL

4. FEI Number

45-0534307

Applied For

Not Applicable

Zip

Country

Zip

Country

33134

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEREZ, EMILIO A
10240 SW 159 PL
MIAMI, FL 33196**

Name **RAUL E. ORTA**

Street Address (P.O. Box Number is Not Acceptable)

4011 West Flagler St #504

City **Miami**

FL

Zip Code

33134

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

Emilio Perez

4/2/04

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, 2004 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** ☒ Delete
NAME **PEREZ, EMILIO A**
STREET ADDRESS **10240 SW 159 PL**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
NAME **RAUL E. ORTA**
STREET ADDRESS **4011 West Flagler St. #504**
CITY-ST-ZIP **Miami FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #