## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000089765

Entity Name: BUYERS & SELLERS DISCOUNT REALTY INC.

FILED Jan 29, 2007 Secretary of State

Certificate of Status Desired ( )

**Current Principal Place of Business:** New Principal Place of Business:

30 SE 4TH RD

SUITE #30 HOMESTEAD, FL 33030 HOMESTEAD, FL 33030

**New Mailing Address: Current Mailing Address:** 

30 SE 4TH RD 40 SE 4 RD

FEI Number Applied For ( )

SUITE #30 HOMESTEAD, FL 33030 HOMESTEAD, FL 33030

FEI Number Not Applicable ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RUIZ LEON, CASONNIE RUIZ LEON, CASONNIE 30 SE 4TH RD 40 SE 4 RD

HOMESTEAD, FL 33030 US SUITE #30 HOMESTEAD, FL 33030 US

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.

SIGNATURE: CASONNIE LEON 01/29/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

FEI Number: 20-1481449

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

RUIZ LEON, CASONNIE RUIZ LEON, CASONNIE Name: Name:

30 SE 4TH RD, SUITE #30 40 SE 4 RD Address: Address:

City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030

Title: Title: () Delete (X) Change ( ) Addition Name: Name:

RUIZ LEON, CASONNIE RUIZ LEON, CASONNIE 30 SE 4TH RD, SUITE #30 40 SE 4 RD Address: Address:

HOMESTEAD, FL 33030 City-St-Zip: City-St-Zip: HOMESTEAD, FL 33030

( ) Delete Title: (X) Change ( ) Addition Title:

RUIZ LEON, CASONNIE RUIZ LEON, CASONNIE Name: Name:

30 SE 4TH RD. SUITE # 30 40 SE 4 RD Address: Address: City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete Title: (X) Change ( ) Addition

RUIZ LEON, CASONNIE RUIZ LEON, CASONNIE Name: Name:

Address: 30 SE 4TH RD, SUITE #30 Address: 40 SE 4 RD City-St-Zip: HOMESTEAD, FL 33030 City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: CASONNIE RUIZ LEON 01/29/2007