2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2005 8:00 am Secretary of State 02-16-2005 90037 044 ***150.00 **DOCUMENT # P04000089785** REAL MONEY SPORTS, INC. Principal Place of Business Mailing Address 66003638 1844 NNOBHLL FDSLITE408 1844 NNOBHLL FDSJTE408 FLANTATION FL 33322 FLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) FEI Number 90-0180727 City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City Zip Code 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fe OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD Delete TITLE Change ☐ Addition MEYER, ADAM NAME NAME STREET ADDRESS. 1844 N NOB HILL RD SUITE 408 STREET ADDRESS PLANTATION, FL 33322 CTTY-ST-ZIP CITY-ST-7P TITLE ☐ Delete MLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZEP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

Com mayor WRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

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**ACHOVIA 66003638 ©

ONLINE IMAGE # P04000089785

ACCOUNT NUMBER:

2000023667758

Check Number

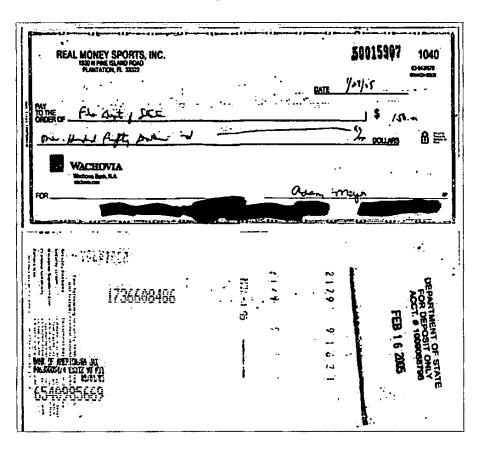
Amount

Date Posted

1040

\$150.00

03/01/2005



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How to save.

FAQs