## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

## Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P04000123318** 04-22-2005 90303 034 \*\*\*150.00 SOUTH FLORIDA'S FINEST REALTY GROUP, INC. Principal Place of Business Mailing Address 7481 W OAKLAND PARK BLVD #203 7481 W OAKLAND PARK BLVD #203 FT LAUDERDALE, FL 33319 FT LAUDERDALE, FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # setc. 04192005 CR2E034 (10/03) Chg-P 203 A SUITE 4 FEI Number Applied For City & State City & State 20-1609791 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHIPMAN, ZAHRA Street Address (P.O. Box Number is Not Acceptable) 7481 W OAKLAND PARK BLVD #203 A FT LAUDERDALE, FL 33319 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 primted name of registered agent and site if applicable. (NOTE: Registered Agent signature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ZAHRA SHIPMAN Change TITLE ☐ Delete TITLÉ NAME NAME 7481 W. OAKIAND PARKBIND. # 203 A STREET ADDRESS STREET ADDRESS FT LAUDERDAIL FL. 33319 CITY-ST-ZIP CITY-ST-ZIP Change **Addition** TITLE ☐ Delete TITLE JOSEPH C. PICONE NAME NAME 7481 W. OAKLAND PARKBIND. #203 A STREET ADDRESS STREET ADDRESS FT. LAUDIRDALE, FL 33319 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE **V/T/ 5** M. SHIPMAN W. BIUD . # 2031 NAME NAME GARY M. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUDERDAIR FL. 33319 TITLE ☐ Delete TILLE ☐ Addition MAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TOLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

☐ Addition

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ Delete

WAX VYELLES ZANCA SHIPMAN 4/30/05