

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90256 023 ***150.00

DOCUMENT # P04000158482

1. Entity Name

ACCESS INTERNATIONAL REALTY, INC.



Principal Place of Business

6412 N UNIVERSITY DRIVE
SUITE 101
TAMARAC FL 33321
US

Mailing Address

6412 N UNIVERSITY DRIVE
SUITE 101
TAMARAC FL 33321
US



2. Principal Place of Business

6424 N. University Dr

3. Mailing Address

Same

1st MOORE

CR2E034 (10/05)

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

20-1916423

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

Country

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOCKHAMMER, GLORIA S
7933 EXETER CIRCLE EAST
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Gloria S. Stockhammer Gloria S. Stockhammer

3/16/06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MILLIGAN, LAWRENCE A
STREET ADDRESS 313 SW 78 TERRACE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE D ☐ Delete
NAME MILLIGAN, LAWRENCE A
STREET ADDRESS 313 SW 78 TERRACE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Lawrence A. Milligan Lawrence A. Milligan

3/16/06 (954) 720-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #