


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90075 014 ***150.00

DOCUMENT # P05000002775				
1. Entity Name ST. ANDREWS COMMERCIAL REALTY, INC.				
Principal Place of Business 4000 N. FEDERAL HIGHWAY 201 BOCA RATON, FL 33431 US		Mailing Address 4000 N. FEDERAL HIGHWAY 201 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent JEFFREY A. LEVINE, PA 4000 N. FEDERAL HIGHWAY 201 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name LEVINE, JEFFERY A Street Address (P.O. Box Number is Not Acceptable) 6751 N. Federal Highway Suite 301 City Boca Raton FL Zip Code 33487
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REITSMA, RONALD	NAME		
STREET ADDRESS	7227 CLINT MOORE RD	STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANSEL, JEROME	NAME		
STREET ADDRESS	7227 CLINT MOORE RD	STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRIACON, ARTHUR	NAME		
STREET ADDRESS	7227 CLINT MOORE RD	STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

9010000



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4. FEI Number 20-2122540 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

