

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90096 043 \*\*\*150.00

**DOCUMENT # P05000137157**

1. Entity Name

**BUY ME REALTY INC**



Principal Place of Business

**2265 SW EDISON CIR  
PORT ST LUCIE FL 34953**

Mailing Address

**2265 SW EDISON CIR  
PORT ST LUCIE FL 34953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**33 1132108**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

**DAWANI, BASSEL Lori T. Cassinari  
2265 SW EDISON CIR 350 NW LA PLAYA  
PORT ST LUCIE FL 34953  
P.S.L FL 34983**

7. Name and Address of New Registered Agent

Name **Lori T. Cassinari**  
Street Address (P.O. Box Number is Not Acceptable)  
**350 NW LA PLAYA ST**  
City **Port St Lucie FL** Zip Code **34983**

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 is applicable

(NOTE: Registered Agent signature required when reconstituting)

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.S. T.** ☐ Delete  
NAME **BASSEL DAWANI**  
STREET ADDRESS **2265 SW EDISON CIR**  
CITY- ST- ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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  
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CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/06 772-285-2020**

Date

Daytime Phone #