


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90037 022 \*\*\*150.00

DOCUMENT # P06000136976					
1. Entity Name QUICK CLOSE REALTY, INC.					
Principal Place of Business 3425 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311			Mailing Address 3425 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311		
2. Principal Place of Business - No P.O. Box # <b>4010 NW 34th St.</b>		3. Mailing Address <b>4010 NW 34th St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Lauderdale Lakes, FL</b>		City & State <b>Lauderdale Lakes, FL</b>		4. FEI Number <b>20-5799910</b>	
Zip <b>33319</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  VITALIS, KALVIN L 3425 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Kalvin Vitalis</i></u> DATE: <u>07/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITALIS, KALVIN L 3425 WEST OAKLAND PARK BLVD LAUDERDALE LAKES, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Adrienne P. Brown 5722 S. Flamingo Rd. #301 Cooper City, FL 33330-3206</b>
		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Kalvin Vitalis</i></u>			Date: <u>07/16/07</u>		Daytime Phone #: <u>454 709-2469</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					