


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90017 047 ***158.75

DOCUMENT # P07000114842 1. Entity Name FLORIDA STILES REAL ESTATE INVESTMENTS INC.																											
Principal Place of Business 6805 W COMMERCIAL BLVD 219 LAUDERHILL, FL 33319		Mailing Address 6805 W COMMERCIAL BLVD 219 LAUDERHILL, FL 33319																									
2. Principal Place of Business - No P.O. Box # 6805 W Comm Blvd Suite, Apt. #, etc. Suite 219 City & State Lauderhill Florida Zip 33319 Country Florida		3. Mailing Address 6805 W Comm Blvd Suite, Apt. #, etc. Suite # 219 City & State Lauderhill Florida Zip 33319 Country Florida																									
4. FEI Number 26-0143626		Applied <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BARRICKMAN, MALINDA 6805 W COMMERCIAL BLVD 219 LAUDERHILL, FL 33319		7. Name and Address of New Registered Agent Name Malinda Barrickman Street Address (P.O. Box Number is Not Acceptable) 6805 West Commercial Blvd Lauderhill City Florida FL Zip Code 33319																									
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 Malinda Barrickman DATE 3/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																									
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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: Malinda Barrickman DATE: 3/24/08 DAYTIME PHONE: 954-7490800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											