## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Mar 26, 2005 08:00 AM DOCUMENT # P93000076394 **Secretary of State** 1. Entity Name EXPRESS FLORIDA REALTY, INC. Principal Place of Business \_\_ Malling Address 2699 COLLINS AVENUE 9572 ABBOTT AVE SUITE 107-108 MIAMI BEACH FL 33140 SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt, #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0447420 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKKER, PIETER Street Address (P.O. Box Number is Not Acceptable) 9572 ABBOTT AVE SURFSIDE FL 33154 City 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 | | am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or <u>pitnied</u> name of registered agent and little if applicable [NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9, Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PVST** Delete 100.5 Change Addition NAME BAKKER, PIETER NAME U00000277601 STREET ADDRESS 9572 ABBOTT AVENUE STREET ADDRESS 03/26/05-80036-022 150.00 CITY-ST-ZIP SURFSIDE FL 33154 CHY-ST-ZIP THLE Delete THEE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-7/P TITLE Defete ELECT Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete utte Change ☐ Addition MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 of 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

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