


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90004 002 ***150.00

| | |
|---|---|
| DOCUMENT # P97000015626 |  |
| 1. Entity Name BEST BUYER BROKER REALTY, INC. | |

| | | | |
|--|---------|--|---------|
| Principal Place of Business 1721 ROOSEVELT STREET SUITE 212 HOLLYWOOD, FL 33020 1881 NE 26th Street Wilton Manors Fla. 33305 | | Mailing Address 1721 ROOSEVELT STREET HOLLYWOOD, FL 33020 SAME | |
| 2. Principal Place of Business 1881 NE 26th Street Wilton Manors Fla. 33305 | | 3. Mailing Address 1881 NE 26th Street Wilton Manors Fla. 33305 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 212 | |
| City & State | | City & State Wilton Manors Fla. | |
| Zip | Country | Zip | Country |
| 33305 | | 33305 | |

34069199



07292004 Chg-P CR2E034 (10/03)

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent BEACH, RICHARD 1721 ROOSEVELT STREET HOLLYWOOD, FL 33020 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 *Richard Beach* DATE **8/17/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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 | P BEACH, RICHARD 1721 ROOSEVELT STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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 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: *Richard Beach* **RICHARD BEACH, PRES** DATE **8/17/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #