

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000083667

1. Entity Name
CBRS REALTY, INC.



Principal Place of Business
4521 PGA BLVD., #269
PALM BEACH GARDENS, FL 33418

Mailing Address
4521 PGA BLVD., #269
PALM BEACH GARDENS, FL 33418



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0783086

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRIEDMAN, STEVEN
24 BERMUDA LAKE DRIVE
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRIEDMAN, IRVING
STREET ADDRESS	101 BANYAN ISLES
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	SAYRE, ROBERT
STREET ADDRESS	46 SOMERSET TERRACE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	S
NAME	FRIEDMAN, STEVEN
STREET ADDRESS	24 BERMUDA LAKE DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80021-013-150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRVING FRIEDMAN

Date

Daytime Phone #

1/11/07

81-884-2043