


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90219 033 ***150.00

DOCUMENT # P98000090015 1. Entity Name PREMIER CHOICE REALTY, INC.		
Principal Place of Business 18876 LA COSTA LN BOCA RATON FL 33496		Mailing Address 18876 LA COSTA LN BOCA RATON FL 33496
2. Principal Place of Business 7165 LAKE WORTH ROAD Suite, Apt. #, etc.	3. Mailing Address 1010 S OCEAN BLVD Suite, Apt. #, etc. PH 06	
City & State LAKE WORTH, FL	City & State POMPANO BEACH, FL	
Zip 33467	Country US	Zip 33062
Country US		4. FEI Number 65-0871415
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent LORIE, ARIEL A 18876 LA COSTA LN 1010 S OCEAN BLVD PH 06 BOCA RATON FL 33496 POMPANO BEACH FL 33062		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE D	<input type="checkbox"/> Delete	
NAME LORIE, ARIEL A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 18876 LA COSTA LN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP BOCA RATON FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP	<input type="checkbox"/> Delete	
NAME LORIE, ARIEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3506 MOON BAY CR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP WELLINGTON FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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: <i>Ariel A Lorie</i> 02-23-05 561-7154743 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		