

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90173 036 ***150.00

DOCUMENT # P98000090015

1. Entity Name

PREMIER CHOICE REALTY, INC.



Principal Place of Business

~~7185 LAKE WORTH RD~~
~~LAKE WORTH FL 33467~~
6801 LAKE WORTH RD STE 108
GREENACRES FL 33467

Mailing Address

1010 S OCEAN BLVD
PH 06
POMPANO BEACH FL 33062



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0871415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORIE, ARIEL A
1010 S. OCEAN BLVD.
PH06
POMPANO BEACH FL 33062

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LORIE, ARIEL A**
STREET ADDRESS **18876 LA COSTA LN**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1010 S. OCEAN BLVD PH 06**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ariel A. Lorie - ARIEL A. LORIE 04-03-07 561-7154743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #