2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/31/2005-90012-016-$550.00-$550.00

DOCUMENT # S39175

1. Entity Name
ADVANCED REAL ESTATE, INC.

FILED
05 SEP 21 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9835 SW 72 ST 204 MIAMI, FL 33173	9835 SW 72 ST 204 MIAMI, FL 33173

07052005 No Chg-P CR2E034 (10/03) SEP 21 2005

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0247219
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOHONIS, RACHAL
9835 SW 72 ST
204
MIAMI, FL 33173

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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 Rachal Chohonis 8/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHOHONIS, RACHAL
STREET ADDRESS	9835 SW 72 ST. #204
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VD
NAME	ESPINOSA, DENIS
STREET ADDRESS	9835 SW 72 ST #204
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: 9/8/05 305-992-5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #