

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90074 046 ***150.00

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DOCUMENT # V05312			
1. Entity Name BARBARA CAMPBELL & ASSOCIATES REALTY, INC.			
Principal Place of Business 2170 SOUTHEAST 17 STREET FORT LAUDERDALE, FL 33316 US		Mailing Address 2170 SOUTHEAST 17 STREET FORT LAUDERDALE, FL 33316 US	
2. Principal Place of Business - No P.O. Box # 6230 SW 8 th Street		3. Mailing Address 6230 S.W. 8 th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33317	Country U.S.	Zip 33317	Country U.S.
4. FEI Number 65-0310483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL BARBARA 2170 SOUTHEAST 17 STREET FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name: Barbara Campbell Street Address (P.O. Box Number is Not Acceptable): 6230 SW 8 th St City: Plantation FL Zip Code: 33317	
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: <i>Barbara Campbell</i>		DATE: 3/12/2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, BARBARA 2170 SOUTHEAST 17 STREET FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPBELL, BARBARA 6230 S.W. 8 th Street PLANTATION, FL 33317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Barbara Campbell</i>		DATE: 3/12/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	