
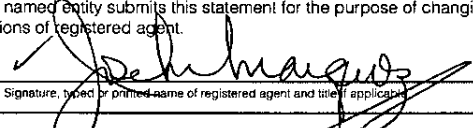
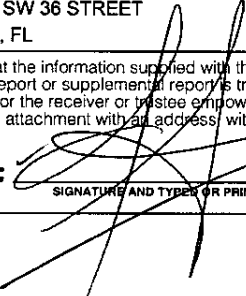


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90578 005 ***150.00

DOCUMENT # 620828					
1. Entity Name REAL HOLDING MANAGEMENT, CORP.					
Principal Place of Business 9688 S.W. 24 STREET MIAMI, FL 33165		Mailing Address 9688 S.W. 24 STREET MIAMI, FL 33165			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1944484	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARQUEZ, JOSE M. 782 NW LEJEUNE ROAD SUITE 548 MIAMI, FL 33126			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 				DATE 04/15/04	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 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	SD <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUERRA, JORGE	NAME	SUAREZ, Miguel A.		
STREET ADDRESS	8440 SW 58 ST	STREET ADDRESS	9688 SW 24 St.		
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	Miami, FL 33165		
TITLE	VD <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GUERRA, ARMANDO J	NAME	URALDE, Eutimio		
STREET ADDRESS	9475 JOURNEY'S END ROAD	STREET ADDRESS	9688 SW 24 Street		
CITY-ST-ZIP	CORAL GABLES, FL	CITY-ST-ZIP	Miami, FL 33165		
TITLE	PD <input type="checkbox"/> Delete	TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HERRAN, MANUEL A	NAME	GUERRA, Alfredo		
STREET ADDRESS	8460 SW 5TH ST	STREET ADDRESS	9688 SW 24 Street		
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	Miami, FL 33165		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRAN, JOSE A	NAME			
STREET ADDRESS	8455 GRAND CANAL DR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRAN, EMILIANO	NAME			
STREET ADDRESS	12900 NW 2ND ST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33182	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERRAN, EZEQUIEL	NAME			
STREET ADDRESS	14020 SW 36 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP			
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 reports 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: 				04/15/04 (305) 447-1160	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	