## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # L73591

Entity Name

PRS INTERNATIONAL REAL ESTATE SERVICES, INC.



FILED Apr 11, 2005 08:00 AM Secretary of State

Principal Place of Business

801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131 Mailing Address

801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131



## DO NOT WRITE IN THIS SPACE

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0199570

5. Certificate of Status Desired 
\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN 801 BRICKELL AVE 16TH FLOOR MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

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 registated agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000299927 04/11/05-80126-015 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ-FRAILE,GONZALO 801 BRICKELL AVENUE, 16TH FLOO MIAMI, FL 33131	R			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-SY-ZIP	S ESPERANZA PRETUS 801 BRICKELL AVE, 16TH FLOOR MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	ertify that the information supplied with this fill on this report or supplemental report is true a	ng does not qualify for th	e exemption state	ed in Section 119.07(3)(	i), Florida Statutes. I further certify that the information

indicated on this report of 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: SIGNATURE AND EXPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

305-381-8340

Date

Daytime Phone #