


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000009110  
 1. Entity Name  
 REA INTERNATIONAL INC.



Principal Place of Business      Mailing Address  
 4466 BLOSSOM LANE      4466 BLOSSOM LANE  
 WESTON, FL 33331      WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**



02042008    No Chg-P    CR2E034 (11/05)

4. FEI Number 02-0690625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SANDERS, BERTA M  
 9550 NW 77TH AVENUE  
 SUITE 3  
 HIALEAH GARDENS, FL 33016

**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: Berta Sanders      DATE: 2/4/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, YENNY 4466 BLOSSOM LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCILA, RAFAEL E 4466 BLOSSOM LANE WESTON, FL 33331
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 02/18/08-80029-009 150.00

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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: [Signature]      Date: 02/04/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #