

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90353 006 ***150.00

DOCUMENT # P05000061272		
1. Entity Name REAL ESTATE AUCTION GROUP, INC.		

Principal Place of Business 2828 CORAL WAY SUITE 450 MIAMI, FL 33155	Mailing Address 2828 CORAL WAY SUITE 450 MIAMI, FL 33155
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2. Principal Place of Business 4345 SW 109 CT Suite, Apt. #, etc	3. Mailing Address 4345 SW 109 CT Suite, Apt. #, etc
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City & State Miami FL	City & State Miami FL
Zip 33165	Zip 33165
Country	Country



04072006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2742611	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIRABAL, MIGUEL F 2828 CORAL WAY SUITE 450 MIAMI, FL 33155	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

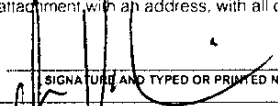
SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME MORENO, CHRISTIAN A STREET ADDRESS 2828 CORAL WAY SUITE 250 CITY-ST-ZIP MIAMI, FL 33155	☐ Delete	TITLE D NAME MORENO, CHRISTIAN STREET ADDRESS 4345 SW 109 CT CITY-ST-ZIP MIAMI, FL 33165	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  CHRISTIAN MORENO 4/24/06 (866) 301-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR