

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000011112

**Entity Name:** REAL JOBS, INC.

**Current Principal Place of Business:**

801 THREE ISLANDS BLVD  
415  
HALLANDALE, FL 33009

**Current Mailing Address:**

801 THREE ISLANDS BLVD  
415  
HALLANDALE, FL 33009 US

**FEI Number:** 82-1998526

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FELICES, MONICA  
801 THREE ISLANDS BLVD  
415  
HALLANDALE, FL 33009 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name FELICES, MONICA  
Address 300 LAYNE BOULEVARD  
APT. 107  
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP  
Name PASCUAL-FELICES, CHRISTOPHER  
Address 5323 CONNECTICUT AVE NW #801  
City-State-Zip: WASHINGTON DC 20015

Title T  
Name PASCUAL, GEORGETTE  
Address 1375 SHERWOOD CRESCENT APT.  
453  
City-State-Zip: MONT ROYAL QC H3R3C-8

Title S  
Name AWITY-FELICES, MATHIEU  
Address 300 LAYNE BOULEVARD  
APT. 107  
City-State-Zip: HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MONICA L FELICES

**PRESIDENT**

**09/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date