2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2006 8:00 am **Secretary of State DOCUMENT # 424829** 1. Entity Name 02-20-2006 90055 014 ***150.00 REAL ESTATE SALES AND SERVICE INC. Principal Place of Business Mailing Address % TED NUNEZ 9230 BIRD ROAD MIAMI FL 33165 9651 SW 77 ST MIAMI FL 33173-3310 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1489605 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ, TED Street Address (P.O. Box Number is Not Acceptable) 9651 SW 77 ST MIAMI FL 33173-3310 Zip Code City 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, typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. RIVE ☐ Delete ☐ Change Addition NUNEZ, TED NAME NAME STREET ADDRESS STREET ADDRESS 9651 SW 77 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Delete Change ☐ Addition ST TITLE TITLE NAME NUNEZ, CHERYL NAME STREET ADDRESS 9651 SW 77 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Addition TITLE ☐ Delete NAME RYAN T_NUNEZ 14600 SW 113 IANE STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-7IP MIAMI, FL 33186 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TIFLE NAME NAME

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Character CHERYL R. NUNEZ 1/20/06 305 598-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #