


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90055 018 \*\*\*150.00

**DOCUMENT # 428098**

1. Entity Name  
 REGIONAL REALTY AND APPRAISAL SERVICES, INC.



Principal Place of Business Mailing Address

~~XXXXXXXXXX~~ 2151 LeJeune Rd. ~~XXXXXXXXXX~~ 2151 LeJeune Rd.  
~~XXXXXXXXXX~~ #306 ~~XXXXXXXXXX~~ #306  
~~XXXXXXXXXX~~ Coral Gables, Fl. ~~XXXXXXXXXX~~ Coral Gables,  
 33134 Fl. 33134

**DO NOT WRITE IN THIS SPACE**

40015000



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 59-1481086 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

VAZQUEZ, MICHAEL  
~~XXXXXXXXXX~~ 2151 LeJeune Rd., #306  
~~XXXXXXXXXX~~ Coral Gables, Fl. 33134

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	VAZQUEZ, ROSA B.
STREET ADDRESS	12981 NEVADA ST.
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	PS
NAME	VAZQUEZ, MICHAEL
STREET ADDRESS	12981 NEVADA ST.
CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: 2/7/06 305-669-8675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR