

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90002 049 \*\*\*150.00

**DOCUMENT # K97604**

1. Entity Name  
**RETAILESTATE, INC.**



Principal Place of Business  
**3250 MARY STREET  
SUITE 404  
COCONUT GROVE, FL 33133 US**

Mailing Address  
**3250 MARY STREET  
SUITE 404  
COCONUT GROVE, FL 33133 US**

4003 -



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**65-0139756**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HIGBEE, R. ALAN  
501 EAST KENNEDY BLVD  
TAMPA, FL 33602**

**7. Name and Address of New Registered Agent**

Name **Scott A. Silver**

Street Address (P.O. Box Number is Not Acceptable)  
**Silver, Garvett & Henkel, P.A.  
18001 Old Cutler Road - Suite 600**

City **Miami** **FL** Zip Code **33157**

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 *Scott A. Silver* DATE **3/27/06**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DPT** ☒ Delete  
NAME **TEMPLETON, TADA**  
STREET ADDRESS **3250 MARY STREET, SUITE 404**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PDST** ☐ Delete  
NAME **WITMER, SANDRA J**  
STREET ADDRESS **3250 MARY STREET, SUITE 404**  
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Sandra J. Witmer* (Sandra J. Witmer) DATE **3.27.06** DAYTIME PHONE **305.441.2911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR