2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State
05-15-2008 90075 030 ***138.75

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05122008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000085589

1. Entity Name
THE REAL ESTATE CENTER AMERICA LLC

Principal Place of Business	Mailing Address
11733 SW 107 TERRACE MIAMI, FL 33186	11733 SW 107 TERRACE MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8501 SW 124 AVE	8501 SW 124 AVE
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: 101
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33183 Country: US	Zip: 33183 Country: US

4. FEI Number: 71-1013012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALVAREZ, PABLO 11733 SW 107 TERRACE MIAMI, FL 33186	Name: Street Address (P.O. Box Number is Not Acceptable): 8501 SW 124 AVE SUITE 101 City: MIAMI FL Zip Code: 33183

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 [signature] DATE 5/12/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALVAREZ, PABLO 11733 SW 107 TERRACE MIAMI, FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8501 SW 124 AVE, SUITE 101 MIAMI, FL 33183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition MGR FERNANDEZ, CONRADO 8501 SW 124 AVE, SUITE 101 MIAMI, FL 33183
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 5/12/08 786-326-5758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #