2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N03000003064 1. Entity Name 04-18-2006 90066 009 ****70.00 R. E. S. T. INTERNATIONAL, INC. Principal Place of Business Mailing Address 3335 S. W. 181 TERRACE MIRAMAR FL 33029 3335 S. W. 181 TERRACE MIRAMAR FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 20-0046868 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAYE, SILVERA Street Address (P.O. Box Number is Not Acceptable) 3335 S. W. 181 TERRACE MIRAMAR FL 33029 Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. BTLE ☐ Delete TITLE ☐ Change ☐ Addition SILVERA, FAYE NAME NAME STREET ADDRESS 3335 S. W. 181 TERRACE STREET ADDRESS MIRAMAR FL 33029 CITY-ST-ZIF CITY-ST-ZIP TITLE Defete Change ☐ Addition JOHNSON, SHEILA 311 S HOLLYBROOK BLDG 39102 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE ALBERTA, MASON NAME NAME STREET ADDRESS 4512 N.W. 49 STREET STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33319 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-Si-Zip CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with 21 other like empowered.

SIGNATURE:

aye M. Silvera

FILED