## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100026575  1. Entity Name REAL ESTATE SOLUTIONS & INVESTMENTS, CORP.								LED ec 26, 200	3 8:	00 A	. <b>M</b> .
Principal Place of Business 10798 WILES RD. CORAL SPRINGS FL 33065 US			10798	Mailing Address 10798 WILES RD. CORAL SPRINGS FL 33065 US			Se	cretary o	f Sta	ite	KOTVE.
2. Principal Place of Business				3. Mailing Address						63	, <b>2</b>
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Number 65-1089144 Applied For Not Applicate			t Applicable	
Zip	Country		Zip				5. Certificate of Status Desired S8.75 Additional Fee Required  7. Name and Address of New Registered Agent				
6. Name and Address of Current Regis				Agent	Name		7. Na	ime and Address of New	Registered A	igent	
SEMPRUN, FREDDY				Street Addres			(P.O. Box Number is Not Acceptable)				
10798 WILES RD. CORAL SPRINGS FL 33065											
0011112 01			(/.)		City	<del></del>	<del></del> _		FL	Zip Code	э
8. The above the obligation	named entiti ions of regist	y subplits this stateme erectagent.	n for the purpo	se of changing its r	registered office o	r register	red ager	nt, or both, in the State of F			and accept
SIGNATURE FIREDOY J. SEMPANN 13/19/03 Signature very or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State						_		9. Election Campaign F Trust Fund Contributi			0 May Be I to Fees
10.		OFFICERS /	AND DIRECTOR		11.		ADD	ITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP		I, JORGE LES ROAD PRINGS FL 33065		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VPM MARTINEZ 10798 WII CORAL SI			⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	<b>4000245</b> 1/21/0301031	12301 003	<b>±f€</b> hange ♦≉750 <b>.</b> 00	Addition (
_TITLE				Delete	IIIE -	PD			······································	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	<del></del>		<del></del>	<del></del>	NAME STREET ADDRESS CITY-SI-ZIP	FRE 107	798. 198. 191	SEMPRUN Wiles Rd. Springs. Fl	-330	-65	
TITLE NAME				☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						}
TITLE NAME				☐ Delete	TITLE NAME		•••			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						
TITLE NAME				☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			J		STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this ting does to quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accyrate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as equired 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daving Phone #											