

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052638

Entity Name: REO SOLUTIONS, INC.

FILED  
Jan 22, 2004  
Secretary of State

**Current Principal Place of Business:**

7801 SW 132 AVE  
MIAMI, FL 33183

**New Principal Place of Business:**

4000 PONCE DE LEON BLVD, SUITE 470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P O BOX 835053  
MIAMI, FL 33283

**New Mailing Address:**

FEI Number: 65-1110940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVILA, KARLA  
7801 SW 132 AVE  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

DAVILA, KARLA  
4000 PONCE DE LEON BLVD, SUITE 470  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/22/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: DAVILA, KARLA  
Address: 7801 SW 132 AVE  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDST (X) Change ( ) Addition  
Name: DAVILA, KARLA  
Address: 4000 PONCE DE LEON BLVD, SUITE 470  
City-St-Zip: CORAL GABLES, FL 33146

Title: V ( ) Change (X) Addition  
Name: BENITO, HENRY  
Address: 4000 PONCE DE LEON BLVD, SUITE 470  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the 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 accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARLA DAVILA

Electronic Signature of Signing Officer or Director

P

01/22/2004

Date