


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90099 005 ***150.00

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

DOCUMENT # P01000052638

1. Entity Name
REO SOLUTIONS, INC.



Principal Place of Business
**BRICKELL BAYVIEW 80 SW 8TH ST
 2000
 MIAMI, FL 33130**

Mailing Address
**BRICKELL BAYVIEW 80 SW 8TH ST
 2000
 MIAMI, FL 33130**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7801 SW 132 Ave

3. Mailing Address
~~7801 SW 132 Ave~~
PO BOX 835053

Suite, Apt. #, etc.
Miami FL 33183

Suite, Apt. #, etc.
PO BOX 835053

City & State
Miami FL 33283

City & State
Miami FL 33283

Zip **33183** Country **Miami-Dade**

Zip **33283** Country **Miami Dade**

4. FEI Number **65-1110940**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~REO SOLUTIONS, INC.
 80 SW 8TH ST STE 2000
 MIAMI, FL 33130~~

→

7. Name and Address of New Registered Agent

Name **Karla Davila**

Street Address (P.O. Box Number Is Not Acceptable)
7801 SW 132 Ave

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 *Karla Davila* DATE _____

(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, 2003, Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	REO SOLUTIONS, INC.	<input checked="" type="checkbox"/>
STREET ADDRESS	80 SW 8TH ST STE 2000	<input checked="" type="checkbox"/>
CITY-ST-ZIP	MIAMI, FL 33130	<input checked="" type="checkbox"/>
TITLE	PO	<input type="checkbox"/> Delete
NAME	REO SOLUTIONS, INC.	<input checked="" type="checkbox"/>
STREET ADDRESS	80 SW 8TH ST STE 2000	<input checked="" type="checkbox"/>
CITY-ST-ZIP	MIAMI, FL 33130	<input checked="" type="checkbox"/>
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVILA KARLA L	<input checked="" type="checkbox"/>
STREET ADDRESS	80 SW 8TH ST STE 2000	<input checked="" type="checkbox"/>
CITY-ST-ZIP	MIAMI, FL 33130	<input checked="" type="checkbox"/>
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVILA KARLA L	<input checked="" type="checkbox"/>
STREET ADDRESS	7801 SW 132ND AVE	<input checked="" type="checkbox"/>
CITY-ST-ZIP	MIAMI, FL 33183	<input checked="" type="checkbox"/>
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVILA, KARLA PDSTV	<input checked="" type="checkbox"/>
STREET ADDRESS	7801 SW 132 AVE	<input type="checkbox"/>
CITY-ST-ZIP	Miami FL 33183	<input type="checkbox"/>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY-ST-ZIP		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement to 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 the address, with all other like empowered.

SIGNATURE: *[Signature]* Date 3/13/03 Daytime Phone # 305-2164285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)