FILED
Jun 16, 2004 8:00 am
Secretary of State

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

66428324

04272004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000111160

1. Entity Name
REAL ESTATES SALES OF FLORIDA INC.

Principal Place of Business	Mailing Address
~~505 NW 47 STREET~~ ~~UNIT C~~ ~~MIAMI, FL 33127~~	PO BOX 601102 NORTH MIAMI BEACH, FL 33160-1102

2. Principal Place of Business	3. Mailing Address
991 NW 118 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation Florida	City & State
Zip: 33325 Country: USA	Zip Country

4. FEI Number 75-3004890 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~HERNANDEZ, ANIBAL~~ ~~505 NW 47TH STREET~~ ~~MIAMI, FL 33127~~	Name: Martha C. Herrera Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 601102~~ 991 NW 118 Ave, Plantation Fla 33325 City: ~~North Miami Beach~~ FL Zip Code: 33160

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: Martha C Herrera 991 N.W 118th Ave Plantation, Fla. 33325 04/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	HERRERA, MARTHA C	NAME	991 NW 118 Ave Plantation, Fla 33325
STREET ADDRESS	~~700 NE 82 STREET~~ 991 NW 118th Ave.	STREET ADDRESS	P.O. Box 601102
CITY-ST-ZIP	~~MIAMI, FL 33137~~ Plantation, Fla 33325 ☐ Delete	CITY-ST-ZIP	North Miami Beach FL 33160
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
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

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 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 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: Martha C Herrera 04/27/04 305-219-2730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #