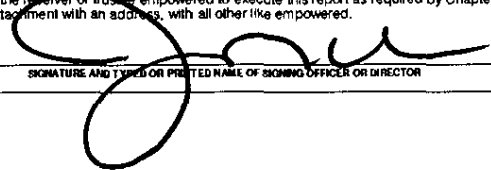


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90144 008 ***150.00

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

DOCUMENT # P02000044135		
1. Entity Name R.E.O. AQUITIONS, INC.		
Principal Place of Business 1177 KANE CONCOURSE STE 107 BAY HARBOR, FL 33154		Mailing Address 1177 KANE CONCOURSE STE 107 BAY HARBOR, FL 33154
2. Principal Place of Business 1545 NE 123 Suite, Apt. #, etc.		3. Mailing Address 1545 NE 123 Suite, Apt. #, etc.
City & State North Miami FL Zip 33154 Country USA		City & State North Miami, FL Zip 33154 Country USA
4. FEI Number		Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent OLSEN, JOHN 1177 KANE CONCOURSE STE 107 BAY HARBOR, FL 33154		7. Name and Address of New Registered Agent Name John Olsen Street Address (P.O. Box Number is Not Acceptable) 1545 NE 123 rd City North Miami FL Zip Code 33161
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  DATE 4/28/03 (Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent's signature required when electing.)		
FILE NOVA 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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 member 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/28/03 Daytime Phone # 305 655 2401

CH2EG34 (10/02)