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	3. Mailing Address
1545 NE 123	1545 NE 123
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami FL	City & State: North Miami, FL
Zip: 33154 Country: USA	Zip: 33154 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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 [signature] 4/28/03
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, 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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OLSEN, JOHN		NAME		
STREET ADDRESS	1177 KANE CONCOURSE STE 107		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] 4/28/03 3056552401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #