## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000020770

Title:

Name:

Address:

City-St-Zip:

**FILED** Mar 06, 2008 Secretary of State

Entity Name: REAL ESTATE EXPERTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 100 WESTWARD DR. MIAMI SPRINGS, FL 33166 **Current Mailing Address: New Mailing Address:** 100 WESTWARD DR. MIAMI SPRINGS, FL 33166 FEI Number: 05-0554861 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOLFF, ROBERTO 100 WESTWARD DR. MIAMI SPRINGS, FL 33166 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: (X) Change ( ) Addition SAAVEDRA RODRIGUEZ, PAOLA WOLFF, ROBERTO Name: Name: 100 WESTWARD DR. 100 WESTWARD DR. Address: Address: MIAMI SPRINGS, FL 33166 City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: Title: VPTD Title: VPD () Delete (X) Change ( ) Addition WOLFF, ROBERTO Name: Name: SAAVEDRA, ALDO 100 WESTWARD DR. 100 WESTWARD DR. Address: Address: MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition SD ( ) Delete SD SAAVEDRA, ALDO WOLFF, ELIANA R Name: Name: 100 WESTWARD DR. 100 WESTWARD DR Address: Address: City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: MIAMI SPRINGS, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERTO WOLFF PTD 03/06/2008

() Delete

( ) Change (X) Addition

SAAVEDRA, ELSA L

100 WESTWARD DR

MIAMI SPRINGS, FL 33166