


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90480 025 \*\*\*150.00

<b>DOCUMENT # P03000066605</b>					
1. Entity Name MUNOZ REAL ESTATE SERVICES, CORP.					
Principal Place of Business 5310 NW 99 LN CORAL SPRINGS, FL 33076			Mailing Address 5310 NW 99 LN CORAL SPRINGS, FL 33076		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUEVARA, ENRIQUE 630 S. STATE ROAD 7 MARGATE, FL 33068				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUNOZ, CARLOS	NAME			
STREET ADDRESS	632 S. STATE ROAD 7	STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33068	CITY-ST-ZIP			
	5310 NW 99 LN				
	CORAL SPRINGS FL 33076				
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: <i>Carlos Munoz</i>			Date: 04/16/04		Daytime Phone #: 954345681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

94066026



04152004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0161234 Applied For  Not Applicable

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