

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # R03000135221

1. Entity Name
RE / INVESTMENTS GROUP, INC.



Principal Place of Business
14129 N. FOREST OAK CIRCLE
DAVIE, FL 33325 US

Mailing Address
14129 N. FOREST OAK CIRCLE
DAVIE, FL 33325 US



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0433755

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARRERO, JOSE C
1820 NORTH CORPORATE LAKES BLVD
SUITE 105
WESTON, FL 33326

DO NOT WRITE
IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ARIAS, ALICIA
14129 N. FOREST OAK CIRCLE
DAVIE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ARIAS, ALICIA
14129 N. FOREST OAK CIRCLE
DAVIE, FL 33325

TITLE
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U00000521953
05/03/06-80010-025 150.00

DO NOT WRITE
IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alicia Arias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

954 822 7616

Daytime Phone #