

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90051 013 ***158.75

DOCUMENT # P03000156339

1. Entity Name
RLE CONSTRUCTION SERVICES, INC.



Principal Place of Business
10363 SW 208TH TERRACE
MIAMI, FL 33189 US

Mailing Address
10363 SW 208TH TERRACE
MIAMI, FL 33189 US

DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0519134

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ESTRELLA, RAYMOND L
10363 SW 208TH TERRACE
MIAMI, FL 33189

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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ESTRELLA, RAYMOND L
STREET ADDRESS	10363 SW 208TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	S/T
NAME	BONILLA, BIANCA D
STREET ADDRESS	10363 SW 208TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	VP
NAME	JULIO MATIAS
STREET ADDRESS	10372 SW 212 ST. # 210
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05 (305) 232-6751

Date

Daytime Phone #