

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000156339

1. Entity Name

RLE MANAGEMENT SERVICES, INC.



Principal Place of Business

10363 SW 208TH TERRACE
MIAMI, FL 33189 US

Mailing Address

10363 SW 208TH TERRACE
MIAMI, FL 33189 US



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 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 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 MATIAS, JULIO
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000535480
05/08/06-80054-011 158.75

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IN THIS SPACE

12. 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 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

RAYMOND L. ESTRELLA

4/17/06

Date

(305) 232-6751

Daytime Phone #