


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000095862 1. Entity Name REALTY OF SOUTH EAST FLORIDA, INC	
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Principal Place of Business 1961 N.W. 150 AVENUE, #201 PEMBROKE PINES, FL 33028	Mailing Address 1961 N.W. 150 AVENUE, #201 PEMBROKE PINES, FL 33028
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DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1317725	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RIPOL, MIGUEL
 1961 N.W. 150 AVENUE, #201
 PEMBROKE PINES, FL 33028

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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-STATE-ZIP	DVS OCHOA, MARIA 1961 N.W. 150 AVENUE, #201 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPT RIPOL, MIGUEL 1961 N.W. 150 AVENUE, #201 PEMBROKE PINES, FL 33028
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 05/28/08-80089-015 150.00

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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: Miguel Ripol **Miguel Ripol** 4/25/08 954 214 3783
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #