


ANNUAL REPORT

May
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DOCUMENT # P04000103212	
1. Entity Name REAL MORTGAGE & INVESTMENT SPECIALISTS, INC.	

Principal Place of Business 4165 EAST 4TH AVE. HIALEAH, FL 33013	Mailing Address 4165 EAST 4TH AVE. HIALEAH, FL 33013
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05242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2143601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HERNANDEZ, MARCO A VP
8862 NW 167 STREET
MIAMI LAKES, FL 33018

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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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AYERS, JAMILET 201 S FIG TREE LANE PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERNANDEZ, MARCO 8862 NW 167 ST MIAMI LAKES, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/31/07-80027-025-150.00

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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 as best known to me, and shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the incorporator or organizer or promoter of the corporation, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with that address, with or without like approval.

SIGNATURE:  5-9-07 1804130585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____