


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90145 039 ***150.00

DOCUMENT # P04000140292 1. Entity Name BUY & SELL REAL ESTATE SERVICES, INC.	
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Principal Place of Business 1165 WEST 49 STREET SUITE #205 HIALEAH, FL 33012	Mailing Address 1165 WEST 49 STREET SUITE #205 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

40033000



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1732344	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DELGADO, ANETTE 1165 WEST 49 STREET SUITE#205 HIALEAH, FL 33012

**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  DATE 4/29/2008
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SH ALDANA, ERICK 1165 WEST 49 STREET SUITE#205 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SH ALDANA, LORENA 1165 WEST 49 STREET SUITE#205 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELGADO, ANETTE 1165 WEST 49 STREET, SUITE 205 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SH DELGADO, ELIZABETH 1165 WEST 49 STREET, SUITE 205 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:  DATE 4/29/2008 (786) 320-0667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR