


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # **PO5000013928**
1. Entity Name
Real Estate Developers Holding



FILED
11 JUN -6 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
99 SW 7 STREET
Suite, Apt. #, etc.
#B

3. Mailing Address
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
Miami FL

City & State

4. FEI Number
20-2303522

Applied For
Not Applicable

Zip
FL 33120

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
Jorge A. Ortega
Street Address (P.O. Box Number is Not Acceptable)
3550 Crystal Ct
City
Coconut Grove FL Zip Code
33132

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 **Jorge Ortega** DATE **5/10/11**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

E-mail Address:
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Jorge A. Ortega 99 SW 7 STREET #B MIAMI FL 33120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PDT Roberto Ortega 99 SW 7 STREET #B MIAMI FL 33120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adel
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.135 F.S.
SIGNATURE: **Jorge A. Ortega** DATE **5/10/11** Daytime Phone # **205-377-0590 x232**