

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000069668

Entity Name: REA SERVICES INC

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8870 N. HIMES AVE., #216  
TAMPA, FL 33614    YS

## **New Principal Place of Business:**

## **Current Mailing Address:**

8870 N. HIMES AVE., #216  
TAMPA, FL 33614    YS

## **New Mailing Address:**

FEI Number: 20-4884709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

COLLADO, DONALD  
14479 BRUCE B DOWNS BLVD  
TAMPA, FL 33613    US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: ABREU, RAFAEL R  
Address: 8870 N HIMES AVE #216  
City-St-Zip: TAMPA, FL 33614 US

Title: D  
Name: ABREU, ESTER  
Address: 8870 N HIMES AVE # 216  
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL R. ABREU

D

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date