

2007 FOR PROFIT CORPORATION, ANNUAL REPORT (AR)

FILED
Jun 28, 2007 8:00 am
Secretary of State

05-16-2007 90027 017 ***150.00

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DOCUMENT # P06000121409						
1. Entity Name REAL EASY ENTERPRISES, INC.						
Principal Place of Business 13431 SW 29 TERRACE MIAMI FL 33175			Mailing Address 13431 SW 29 TERRACE MIAMI FL 33175			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 20-5621146		
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CAST, LOUIS F 4805 NW 79 AVENUE #9 DORAL FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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: 5/1/07 Signature typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when constituting)						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST DELREAL, EVELIO A 13431 SW 29 TERRACE MIAMI FL 33175		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 5/1/07 Daytime Phone: 305-266-9820						