2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2005 8:00 am **DOCUMENT # P93000008760 Secretary of State** 1. Entity Name 03-08-2005 90166 036 ***150.00 REAL SERVICE, INC. Principal Place of Business Mailing Address 8121 N.W. 15TH ST. PEMBROKE PINE FL 33024 PO BOX 163401 MIAMI FL 33116 3. Mailing Address 2. Principal Place of Business 10251 SW 91 Street Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0400789 Miami Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Steven M. Lee LEE, STEVEN P Street Address (P.O. Box Number is Not Acceptable) 186 SW 13TH ST **MIAMI FL 33130** 1200 SW 2nd Avenue City MIAMI 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 and (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Vice-President & Secretary Michael E. Lee Delete Addition DC TITLE TITLE MCKECHNIE, RE NAME NAME 10251 SW 91 Street 8121 N.W. 15TH ST. STREET ADDRESS STREET ADDRESS miami, K 33176 CITY - ST - ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP PT TITLE ☐ Change ☐ Addition TITLE □ Defete LEE, VIRGINIA B NAME NAME STREET ADDRESS STREET ADDRESS 10251 S.W. 91ST ST. CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

VIRGINIA BLEE-President 2/25/05 305-270-0097
FSIGNING OFFICER OR DIRECTOR
Date Descriptions

FILED