


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000014200 1. Entity Name REALTY USA & ASSOCIATES, INC.	
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Principal Place of Business 6140 WEST 10TH AVE HIALEAH, FL 33012 US	Mailing Address 6140 WEST 10TH AVE HIALEAH, FL 33012 US
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02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0566852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBAINA, JULIO
 6140 WEST 10TH AVE
 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 *Julio Robaina* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000685262
 04/06/07-80065-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBAINA, JULIO 6140 WEST 10TH AVE HIALEAH, FL 33012
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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 Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE: *Julio Robaina* **March 27, 2007** **305 345 9238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #