


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P98000027551</b>		
1. Entity Name <b>TOTAL REALTY SOLUTION INC.</b>		
Principal Place of Business <b>10661 N. KENDALL DR. 206-B MIAMI, FL 33176 US</b>	Mailing Address <b>10661 N. KENDALL DR. 206-B MIAMI, FL 33176 US</b>	



02252008 No Chg-P. CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0822891</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**OBREGON, FRANCISCO J.  
10331 SW 51ST STREET  
MIAMI, FL 33165**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<p><b>OBREGON, FRANCISCO</b> <b>10331 SW 51ST STREET</b> <b>MIAMI, FL 33165</b></p>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	<p><b>DO NOT WRITE IN THIS SPACE</b></p>
CITY-ST-ZIP	
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03/06/08-80054-011 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/08**

Date

**305-779-8400**

Daytime Phone #