

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**



**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90303 017 \*\*\*150.00

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04152005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000042826</b>							
1. Entity Name <b>REAL ESTATE INVESTMENT &amp; MANAGEMENT SYSTEMS, INC.</b>							
Principal Place of Business 4601 NW 36 ST MIAMI SPRINGS, FL 33166 US			Mailing Address P.O. BOX 6481 MIAMI BEACH, FL 33154				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0840243			
				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			7. Name and Address of New Registered Agent				
GUARCH, J.M. JR 710 S. DIXIE HWY. ARAB CORREA & GUARCH, P.A. CORAL GABLES, FL 33146			Name				
			Street Address (P.O. Box Number is Not Acceptable)			710 S. DIXIE HWY	
			City			ARAN CORREA & GUARCH, P.A.	
			CORAL GABLES, FL			FL Zip Code 33146	
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 _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEVAREZ, RICARDO A		NAME	NEVAREZ, RICARDO A			
STREET ADDRESS	13615 S. DIXIE HWY, PMB 509		STREET ADDRESS	P.O. BOX 5916			
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	SURFSIDE, FL 33154-5916	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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.							
SIGNATURE: 		Date: 4/19/05		Daytime Phone #: 305-805-8303			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							