


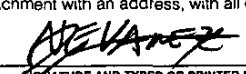
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 020 ***150.00

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DOCUMENT # P98000042826			
1. Entity Name REAL ESTATE INVESTMENT & MANAGEMENT SYSTEMS, INC.			
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 P.O. BOX 6481	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SURFSIDE, FLORIDA	
Zip	Country	Zip	Country
33154	USA	33154	USA
4. FEI Number 65-0840243		Applied For <input type="checkbox"/> 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 ARAN CORREA & GUARCH, P.A. Street Address (P.O. Box Number is Not Acceptable) 255 UNIVERSITY DRIVE City CORAL GABLES, FL	
		Zip Code FL 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEVAREZ, RICARDO A	NAME	ALICIA E. NEVAREZ
STREET ADDRESS	P O BOX 5916	STREET ADDRESS	P.O. BOX 5916
CITY-ST-ZIP	MIAMI BEACH, FL 33154	CITY-ST-ZIP	SURFSIDE, FL 33154-5916
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	
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	
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: 		Date: 2/12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICARDO A. NEVAREZ, PRES.		Daytime Phone #: 305-604-1491	