


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000102005</b> 1. Entity Name <b>SOLUTIONS IN REAL ESTATE, INC.</b>	
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Principal Place of Business <b>4040 SW 30TH AVENUE UNIT 5 FORT LAUDERDALE, FL 33312</b>	Mailing Address <b>47 WAGON WHEEL CT DIX HILLS, NY 11746</b>
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02082006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0987240</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BLOOMGARDEN, PAUL M 8551 W. SUNRISE BLVD. SUITE 208 FORT LAUDERDALE, FL 33322</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVP GUASTELLA, SUSAN 47 WAGON WHEEL CT DIX HILLS, NY 11746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST GUASTELLA, JOHN 47 WAGON WHEEL CT DIX HILLS, NY 11746</b>
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03/17/06-80012-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *John Guastella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06 (516) 263-7865  
Date Daytime Phone #