


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K55998 1. Entity Name REINCO INC.	
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Principal Place of Business 340 FIFTH AVENUE S. SUITE 200 NAPLES FL 34102 US	Mailing Address 340 FIFTH AVENUE S. SUITE 200 NAPLES FL 34102 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0092457	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANZINGER, BARBARA A 340 FIFTH AVENUE S SUITE 200 NAPLES FL 34102
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 *Michael Meftah* DATE *2/24/05*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete NAME: MEFTAH, MICHAEL STREET ADDRESS: 340 FIFTH AVENUE, S, SUITE 200 CITY-ST-ZIP: NAPLES FL 34102
TITLE	DVP <input type="checkbox"/> Delete NAME: MEFTAH, PATRICIA M STREET ADDRESS: 340 FIFTH AVENUE, S SUITE 200 CITY-ST-ZIP: NAPLES FL 34102
TITLE	ST <input type="checkbox"/> Delete NAME: LANZINGER, BARBARA A STREET ADDRESS: 340 FIFTH AVENUE S, SUITE 200 CITY-ST-ZIP: NAPLES FL 34102
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: U00000251491 STREET ADDRESS: 03/04/05-80053-009 150.00 CITY-ST-ZIP:
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael Meftah* Michael Meftah, M.D. DATE: *2/24/05* 2397346446

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR