


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M15878
 1. Entity Name
REY PIZZA CORP.



Principal Place of Business Mailing Address
2300 CORAL WAY **2300 CORAL WAY**
SUITE 200 **SUITE 200**
MIAMI, FL 33145 **MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

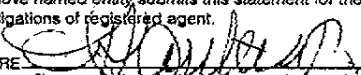
4. FEI Number Applied For
59-2530874 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

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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:  **AMANDA CAMTERÁ-LOPEZ** **3/15/04**
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

1100000037455
 03/29/04-80001-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, RAMON A 1042 SW 9 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, MARGARITA G. 2908 WEST 3RD AVE. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **RAMON RODRIGUEZ** **2/16/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #