2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90160 019 ***150.00

DOCUMENT # P02000090113

1. Entity Name
INVESTMENTS REHU, CORP.

Principal Place of Business	Mailing Address
103 W. OAK STREET SUITE C4 KISSIMMEE FL 34741	103 W. OAK STREET SUITE C4 KISSIMMEE FL 34741

XX CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1621 E. VINE ST.		1621 E. VINE ST.	
Suite, Apt. #, etc. C		Suite, Apt. #, etc. C	
City & State KISSIMMEE, FL		City & State KISSIMMEE, FL	
Zip 34744	Country US	Zip 34744	Country US

4. FEI Number 30-0104535 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLANCO, REYNALDO 103 W. OAK STREET SUITE C4 KISSIMMEE FL 34741	Name POLANCO, REYNALDO Street Address (P.O. Box Number is Not Acceptable) 2649 GOLD DUST CR City KISSIMMEE FL Zip Code 34744

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: Reynaldo Polanco 4/5/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	POLANCO, REYNALDO		NAME		
STREET ADDRESS	2649 GOLD DUST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	REGINATO, HUMBERTO J		NAME		
STREET ADDRESS	2649 GOLD DUST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: SIGNATURE REQUIRED PRESIDENT 4/5/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)