

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 003 ***150.00

DOCUMENT # P03000032979 1. Entity Name REYES INTERNATIONAL DISTRIBUTOR, INC.			
Principal Place of Business 1825 W 56 ST #115 HIALEAH, FL 33012		Mailing Address 1825 W 56 ST #115 HIALEAH, FL 33012	
2. Principal Place of Business 6141 W 22 CT #201 Suite, Apt. #, etc.		3. Mailing Address 6141 W 22 CT #201 Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State HIALEAH, FL	
Zip 33016	Country U.S.A.	Zip 33016	Country U.S.A.
4. FEI Number 54-2106027		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, ALBERTO 1825 W 56 ST #115 HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name ALBERTO REYES Street Address (P.O. Box Number is Not Acceptable) 6141 W 22 CT #201 City HIALEAH FL Zip Code 33016	
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 <u><i>Alberto Reyes</i></u> <u><i>ALBERTO REYES</i></u> <u><i>PRESIDENT</i></u> <u><i>8-18-05</i></u> 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 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ALBERTO 1825 W 56 ST #115 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYES, DAMARIS L 1825 W 56 ST #115 HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>Alberto Reyes</i></u> <u><i>PRESIDENT</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>8/18/05</i></u> <u><i>305-761-4871</i></u> Date Daytime Phone #	

50064448



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