2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M09008

1. Entity Name
REINTER INC.

Principal Place of Business	Mailing Address
4101 NW 9TH ST MIAMI, FL 33126	4101 NW 9TH ST MIAMI, FL 33126

01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0227345
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERRER, SILVIA
15529 MIAMI LAKEWAY NORTH, #101
MIAMI LAKES, FL 33014

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

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

U00000028703
02/04/04-80034-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLEMENTE GOMEZ
STREET ADDRESS	SAN BERNAARDO 5
CITY-ST-ZIP	MADRID 13 SPAIN,
TITLE	VD
NAME	FERRER, SILVIA
STREET ADDRESS	15529 MIAMI LAKEWAY NORTH, APT 101
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	SD
NAME	RUBIO, MARIA D
STREET ADDRESS	SAN BERNARDO 5
CITY-ST-ZIP	28013 MADRID, SP
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)(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: Silvia Ferrer SILVIA FERRER 1/29/04 305-541-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #