## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2005 8:00 am Secretary of State 03-24-2005 90031 012 \*\*\*158.75 DOCUMENT # M09008 1. Entity Name REINTER INC. Principal Place of Business Mailing Address 4101 NW 9TH ST 4101 NW 9TH ST MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Majling Address : A FERRER N. 15539 MIAM! LAKEWAY N. 15529 MIAMI LAKEWAY N. Suite, Apt. #, etc Suite, Apt. #, etc. 03172005 Chg-P CR2E034 (10/03) APT 101 APT 10 City & State City & State 4. FEI Number Applied For LAKES. FL Miami miami 65-0227345 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3014 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERRER, SILVIA Street Address (P.O. Box Number is Not Acceptable) 15529 MIAMI LAKEWAY NORTH, #101 MIAMI LAKES, FL 33014 City 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 age SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ☐ Addition TITLE CLEMENTE GOMEZ NAME NAME SAN BERNAARDO 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MADRID 13 SPAIN, CITY+ST-ZIE VD ☐ Delete TITLE ☐ Change ☐ Addition FERRER, SILVIA NAME NAME STREET ADDRESS 15529 MIAMI LAKEWAY NORTH, APT 101 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change Addition TITLE RUBIO, MARIA D NAME NAME SAN BERNARDO 5 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 28013 MADRID, SP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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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.

Silvia FERRER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP

SIGNATURE: X

FILED