


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 477902**  
 1. Entity Name  
**REINA CONSTRUCTION CORPORATION**



Principal Place of Business  
 1501 SEFFNER-VALRICO RD  
 SEFFNER, FL 33584

Mailing Address  
 1501 SEFFNER-VALRICO RD  
 SEFFNER, FL 33584

**DO NOT WRITE IN THIS SPACE**



02182004 No Chg-P GR2E034 (10/03)

4. FEI Number  
 59-1603446

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

REINA, SAM  
 1501 SEFFNER-VALRICO RD  
 SEFFNER, FL 33584

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REINA, SAMUEL
STREET ADDRESS	1501 SEFFNER-VALRICO RD
CITY-ST-ZIP	SEFFNER, FL
TITLE	VD
NAME	REINA, MARY H
STREET ADDRESS	1501 SEFFNER-VALRICO RD
CITY-ST-ZIP	SEFFNER, FL
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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 03/08/04-80103-005 150.00

**DO NOT WRITE IN THIS SPACE**

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: Sam Reina **SAM REINA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/5/04 (813) 651-0607  
Daytime Phone #