


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

| | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 477902 1. Entity Name REINA CONSTRUCTION CORPORATION |  |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 1501 SEFFNER-VALRICO RD SEFFNER FL 33584 | Mailing Address 1501 SEFFNER-VALRICO RD SEFFNER FL 33584 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



| | |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/06)

| | |
|-------------------------------------------------------------------------------------------------|----------------|
| 4. FEI Number 59-1603446 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent REINA, SAM 1501 SEFFNER-VALRICO RD SEFFNER FL 33584 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|----------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Delete PD REINA, SAMUEL 1501 SEFFNER-VALRICO RD SEFFNER FL |
| NAME | <input type="checkbox"/> Delete VD REINA, MARY H 1501 SEFFNER-VALRICO RD SEFFNER FL |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete _____ |
| NAME | <input type="checkbox"/> Delete _____ |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete _____ |
| NAME | <input type="checkbox"/> Delete _____ |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000627803 02/15/07-80077-010 150.00 |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition _____ |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* 2/6/07 813-651-0607