


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

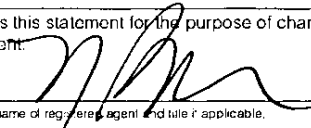
**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90018 024 \*\*\*150.00

<b>DOCUMENT # 560012</b>			
1. Entity Name <b>REYES DEL MAMEY, INC.</b>			
Principal Place of Business 19700 SW 192ND STR. MIAMI FL 33187		Mailing Address 19700 SW 192ND STR. MIAMI FL 33187	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-1964027</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>REYES, YVETTE B</b> <b>801 BRICKELL AVE.</b> <b>STE. 2220</b> <b>COCONUT GROVE FL 33133</b>		Name <i>Yvette B. Reyes-Walden, Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>600 NE 50th Terrace</i> City <i>MIAMI</i> <b>FL</b> Zip Code <i>33137</i>	
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 <i>2/12/07</i>	
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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST REYES, ROBERT 19700 SW 192ND ST. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYES, ROBERT 19700 SW 192ND ST. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  *2/12/07*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MO/YEAR