

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90021 041 \*\*\*158.75

**DOCUMENT # K01400**

1. Entity Name  
**REI AMERICA, INC.**



Principal Place of Business  
**% FRANCISCO CASTRO**  
**6355 NW 36 ST.**  
**MIAMI, FL 33166**

Mailing Address  
**% FRANCISCO CASTRO**  
**6355 NW 36 ST.**  
**MIAMI, FL 33166**

2. Principal Place of Business  
**%FRANCISCO CASTRO**

3. Mailing Address  
**%FRANCISCO CASTRO**

Suite, Apt. #, etc.  
**10049 NW 89th AVE. # 13 & 14**

Suite, Apt. #, etc.  
**10049 NW 89th AVE. # 13 & 14**

01222004

Chg-P

CR2E034 (10/03)

City & State  
**MEDLEY, FLORIDA**

City & State  
**MEDLEY, FLORIDA**

4. FEI Number  
**65-0021552**

Applied For  
Not Applicable

Zip Country  
**33178 U.S.A.**

Zip Country  
**33178 U.S.A.**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CASTRO, FRANCISCO**  
**6355 NW 36 ST.**  
**MIAMI, FL 33166**

**7. Name and Address of New Registered Agent**

Name **CASTRO, FRANCISCO**

Street Address (P.O. Box Number is Not Acceptable)  
**10049 N.W. 89th Avenue**

**BAYS 13 & 14**

City **MEDLEY** **FL** Zip Code **33178**

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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **CASTRO, FRANCISCO**  
CITY-ST-ZIP **6355 NW 36 ST. MIAMI, FL**

TITLE ☐ Delete  
NAME **DVPT**  
STREET ADDRESS **CASTRO, FRANCISCO J**  
CITY-ST-ZIP **6355 NW 36 STREET MAIMI, FL**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **FERNANDEZ, SERGIO L**  
CITY-ST-ZIP **2600 DOUGLAS RD #406 CORAL GABLES, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME **CASTRO, FRANCISCO**  
STREET ADDRESS **10049 NW 89th AVENUE, BAYS 13 & 14**  
CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE ☒ Change ☐ Addition  
NAME **CASTRO, FRANCISCO J.**  
STREET ADDRESS **10049 NW 89th AVENUE, BAYS 13 & 14**  
CITY-ST-ZIP **MEDLEY, FL 33178**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 over me empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/23/04** **(305)**  
**461-9941**