2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Apr 28, 2005 08:00-AM-Secretary of State DOCUMENT # K76308 1. Entity Name REGLOR INC. Principal Place of Business Mailing Address 132 N.W. 162 AVENUE 132 N.W. 162 AVENUE PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028 US 04252005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0111834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORIE, JESUS DO NOT WRITE 132 NW 162 AVE. PEMBROKE PINES, FL. 33028 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 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 10. OFFICERS AND DIRECTORS TITLE NAME REGALADO, REINALDO JR. STREET ADDRESS 132 N.W. 162 AVENUE CITY-ST-ZIP PEMBROKE PINES, FL 33028 TITLE NAME LORIE, JESUS U00000338918 132 N.W. 162 AVENUE STREET ADDRESS 04/28/05-80053-025 150.00 CITY-ST-ZIP PEMBROKE PINES, FL 33028 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY+ST-ZIP uue STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cain, 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 the empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED