

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # K90519

1. Entity Name
REY INVESTMENTS, INC.



Principal Place of Business
2022 STAPLES AVENUE
KEY WEST, FL 33040

Mailing Address
2022 STAPLES AVENUE
KEY WEST, FL 33040



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0163270

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROJAS, MIRTA
2022 STAPLES AVE
KEY WEST, FL 33040

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ROJAS, MIRTA 2022 STAPLE AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, MIRTA 2022 STAPLE AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, JR. REINALDO 2022 STAPLE AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, RAYMOND 2022 STAPLE AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROJAS, RICARDO 2022 STAPLE AVE. KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000806547
02/08/08-80047-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 -
1-25-2008 294-1651