


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State


DOCUMENT # M09008
 1. Entity Name
REINTER INC.



Principal Place of Business
**4101 NW 9TH ST
 MIAMI, FL 33126**

Mailing Address
**4101 NW 9TH ST
 MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0227345	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

**FERRER, SILVIA
 15529 MIAMI LAKEWAY NORTH, #101
 MIAMI LAKES, FL 33014**

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 _____ DATE _____
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, 2004 Fee will be \$550.00**

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

U00000028703
 02/04/04-80034-010 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMENTE GOMEZ SAN BERNARDO 5 MADRID 13 SPAIN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERRER, SILVIA 15529 MIAMI LAKEWAY NORTH, APT 101 MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUBIO, MARIA D SAN BERNARDO 5 28013 MADRID, SP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 other like empowered.

SIGNATURE: Silvia Ferrer **SILVIA FERRER** 1/29/04 305-544-1476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #