


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90031 012 ***158.75

DOCUMENT # M09008

1. Entity Name
REINTER INC.



Principal Place of Business Mailing Address

4101 NW 9TH ST 4101 NW 9TH ST
 MIAMI, FL 33126 MIAMI, FL 33126

2. Principal Place of Business 3. Mailing Address

15529 MIAMI LAKEWAY N. *210 SILVIA FERRER*
APT 101 *15529 MIAMI LAKEWAY N.*
APT 101

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI LAKES, FL *MIAMI LAKES, FL*

Zip Country Zip Country

33014 *USA* *33014* *USA*



03172005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0227345 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERRER, SILVIA 15529 MIAMI LAKEWAY NORTH, #101 MIAMI LAKES, FL 33014		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: *Silvia Ferrer* DATE: *03/21/05*

Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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	PD CLEMENTE GOMEZ SAN BERNAARDO 5 MADRID 13 SPAIN. <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	VD FERRER, SILVIA 15529 MIAMI LAKEWAY NORTH, APT 101 MIAMI LAKES, 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	SD RUBIO, MARIA D SAN BERNARDO 5 28013 MADRID, SP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: *03/21/05* DAYTIME PHONE: *305-823-6745*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #