



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90029 050 ***150.00

DOCUMENT # M67123 1. Entity Name DEL REYES INVESTMENTS, INC.					
Principal Place of Business 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750 US			Mailing Address 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750 US		
2. Principal Place of Business - No P.O. Box # 1672 N. RONALD REAGAN BLVD.		3. Mailing Address 1672 N. RONALD REAGAN BLVD.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Longwood, FL		City & State Longwood, FL		4. FEI Number 59-2881001	
Zip 32750		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK AVENUE LEASING & MANAGEMENT, INC. 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1672 N. RONALD REAGAN BLVD. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DELGADO, JAIME 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1672 N. RONALD REAGAN BLVD.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELGADO, DAVID C. 1632 N COUNTY RD 427 LONGWOOD, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1672 N. RONALD REAGAN BLVD	
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	
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	
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	
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 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: 			DAVID C. DELGADO		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			407.834.4000 <small>Daytime Phone #</small>		

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