

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007197

**FILED**  
**Feb 17, 2004**  
**Secretary of State****Entity Name:** REY DE REYES KING OF KINGS, INC.**Current Principal Place of Business:**16060 OKEECHOBEE ROAD  
LOXAHATCHEE, FL 33470**New Principal Place of Business:**16060 OKEECHOBEE BOULEVARD  
LOXAHATCHEE, FL 33470 US**Current Mailing Address:**122 SARATOGA BLVD WEST  
ROYAL PALM BEACH, FL 33411**New Mailing Address:**7 GREENWAY VILLAGE N.  
UNIT # 111  
ROYAL PALM BEACH, FL 334112964 US**FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LOPEZ, ALBERTO A  
122 SARATOGA BLVD. WEST  
ROYAL PALM BEACH, FL 33411 US**Name and Address of New Registered Agent:**LOPEZ, ALBERTO A PD  
7 GREENWAY VILLAGE N.  
UNIT # 111  
ROYAL PALM BEACH, FL 334112964 US

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.

SIGNATURE: ALBERTO A. LOPEZ

02/17/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOPEZ, ALBERTO A  
Address: 122 SARATOGA BLVD. WEST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD ( ) Delete  
Name: LOPEZ, JUANITA  
Address: 122 SARATOGA BLVD. WEST  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: SD ( ) Delete  
Name: MUNOZ, MARIA ROCIO  
Address: 7673 OVERLOOK DRIVE  
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete  
Name: MUNOZ, BLANCA M  
Address: 3116 MARTIN AVENUE  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LOPEZ, ALBERTO A  
Address: 7 GREENWAY VILLAGE N., UNIT # 111  
City-St-Zip: ROYAL PALM BEACH, FL 334112964 US

Title: VPD (X) Change ( ) Addition  
Name: LOPEZ, JUANITA  
Address: 7 GREENWAY VILLAGE N., UNIT # 111  
City-St-Zip: ROYAL PALM BEACH, FL 334112964 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO A. LOPEZ

PD

02/17/2004

Electronic Signature of Signing Officer or Director

Date