## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007197

FILED Apr 16, 2009 Secretary of State

Entity Name: REY DE REYES KING OF KINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 16060 OKEECHOBEE BOULEVARD LOXAHATCHEE, FL 33470 **Current Mailing Address: 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: Name and Address of New Registered Agent: LOPEZ, ALBERTO A PD 7 GREËNWAY 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOPEZ, ALBERTO A Name: Name: 7 GREENWAY VILLAGE N., UNIT # 111 Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 334112964 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: LOPEZ, JUANITA Name: Address: 7 GREENWAY VILLAGE N., UNIT # 111 Address: City-St-Zip: ROYAL PALM BEACH, FL 334112964 US City-St-Zip: Title: () Delete Title: () Change () Addition LUNA, JOSE Name: Name: 15402 63RD PLACE NORTH Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: CORDERO, LAZARO Name: Address: 17394 61ST PLACE NORTH Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 04/16/2009