2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003
Secretary of State

DOCUMENT# N02000007197

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:

Current Mailing Address:

16060 OKEECHOBEE ROAD
LOXAHATCHEE, FL 33470

New Mailing Address:

122 SARATOGA BLVD WEST
ROYAL PALM BEACH, FL 33411

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:

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:

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

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

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 01/09/2003
Electronic Signature of Signing Officer or Director — Date