

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001340

FILED  
Apr 05, 2009  
Secretary of State

Entity Name: REYNA GROUP HOME, INC.

**Current Principal Place of Business:**

6960 RALEIGH STREET  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

6960 RALEIGH STREET  
HOLLYWOOD, FL 33024

**New Mailing Address:**

FEI Number: 27-0047003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYNA, AMY L  
6960 RALEIGH STREET  
HOLLYWOOD, FL 33024 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: DP ( ) Delete  
Name: REYNA, AMY L  
Address: 6960 RALEIGH STREET  
City-St-Zip: HOLLYWOOD, FL 33024

Title: D ( ) Delete  
Name: REYNA, MARIANNE  
Address: 8321 SW 124 AVENUE  
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete  
Name: BURNS, BONNIE  
Address: 1726 NW 81 WAY  
City-St-Zip: PLANTATION, FL 33322

Title: DVP ( ) Delete  
Name: REYNA, JOHN  
Address: 6960 RALEIGH STREET  
City-St-Zip: HOLLYWOOD, FL 33024

**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 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: AMY REYNA

DP

04/05/2009

Electronic Signature of Signing Officer or Director

Date