

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P00000025408**

1. Entity Name  
REACOM, INC.



Principal Place of Business  
1350 E. NEWPORT CENTER DR., SUITE 206  
DEERFIELD BEACH, FL 33442

Mailing Address  
1350 E. NEWPORT CENTER DR., SUITE 206  
DEERFIELD BEACH, FL 33442



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0999521

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KAY, JAMES R ESQ.  
KAY LAW OFFICES  
700 VILLAGE SQUARE CROSSING, STE 102B  
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME REIBLING, LORENZ  
STREET ADDRESS 1350 E. NEWPORT CENTER DR., SUITE 206  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D  
NAME REIBLING, GUENTHER  
STREET ADDRESS 1350 E. NEWPORT CENTER DR., SUITE 206  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D  
NAME KASSOF, LINDA  
STREET ADDRESS 1350 E. NEWPORT CENTER DR., STE. 206  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000698590  
04/19/07-800008-013 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda Karnof

4-4-07

954 428-4585