2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000091805

1. Entity Name

J.E. REYNA REPORTING, INC.



Principal Place of Business Mailing Address

607 N. 31ST RD

HOLLYWOOD, FL 33021 US

607 N. 31ST RD

HOLLYWOOD, FL 33021 US

FILED Apr 05, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 03302004

4. FEI Number 65-1045527

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

REYNA, JAN 607 N. 31 RD HOLLYWOOD, FL 33021

DO NOT WRITE

FIGEE TWOOD, FE SOUL			IN THIS SPACE			
8. The above named the obligations of r	entity submits this statement for the pegistered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	typed or printed name of registered agent and ritle	If applicable (NOTE Registered	Agent signature	required when reinstating)	DAYE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finantic Trust Fund Contribution.			cing 🔲	\$5.00 May Be Added to Fees		
10.	0. OFFICERS AND DIRECTORS					
STREET ADDRESS 607 N	NA, JAN I, 31 RD LYWOOD, FL 33021				U00000103201 04/05/04-80046-018 150.00	
TITLE NAME STREET ADDRESS OFFY-ST-ZIP						
TITLE NAME STREET ADORESS CITY-ST-ZIP	{			DO NOT WRITE		
TITLE MAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
STREET ADDRESS CITY-ST-ZIP						
TRILE NAME STREET ADDRESS CITY-ST-ZIP		•				
12. I hereby certify the	nat the information supplied with this treport or supplemental report is true	illing does not qualify for the exe and accurate and that my signal	mption state ure shall ha	d in Section 119.07(3 ve the same legal effe	(i), Fiorida Statutes. I further certify that the information of as if made under oath, that I am an officer or director	

inducated on this report or supplemental report is true and accurate and many signature shall have the same legal effect as it made under oath, that it am an officer or diffector of the corporation or the receiver of 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: TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR