

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000018256

FILED
Apr 30, 2004
Secretary of State

Entity Name: DR. REY'S HEALTH PRODUCTS INC.

Current Principal Place of Business:

8415 CORAL WAY #203
2ND FLOOR
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

8415 CORAL WAY #203
2ND FLOOR
MIAMI, FL 33155

New Mailing Address:

FEI Number: 65-1106688 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REY, RAFAEL
8415 CORAL WAY
2ND FLOOR
MIAMI, FL 33155

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REY, RAFAEL
Address: 8415 CORAL WAY 2ND FLOOR
City-St-Zip: ZIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REY, RAFAEL R
Address: 8415 CORAL WAY 2ND FLOOR
City-St-Zip: ZIAMI, FL 33155

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL R.REY

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date