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Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91010 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025813

1. Entity Name
JOSEPH R. REYES, INC.

54042184

Principal Place of Business	Mailing Address
18500 SW 207 AVENUE MIAMI, FL 33187	18500 SW 207 AVENUE MIAMI, FL 33187

04092004 No Chg P CH2L034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1102253

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, JOSEPH R
16500 SW 207 AVE
MIAMI, FL 33187

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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 _____ DATE
Signature of new or reinstated Registered Agent and date, if applicable. Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REYES, JOSEPH R
STREET ADDRESS	18500 SW 207 AVENUE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	VD
NAME	REYES, REBECA
STREET ADDRESS	18500 SW 207 AVENUE
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Joseph R. Reyes - President 4-20-04 786-286-2345
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone