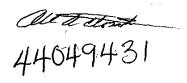
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Jul 22, 2004 8:00 am Secretary of State

DOCUMENT # 1. Entity Name	# P01000115001					07-22-2004 90007	020 **	*150.00	
J REYES INC		 							
DO N	OT WRITE	IN THIS S	PA	CE		•••••			
2. Principal Place of 7979 W 25 AVE, BAY						44049431			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE			
City & State HIALEAH, FL	!	City & State			4. FEI No 30-001880			Applied For Not Applicable	
Zip 33016-2750	Country	Zip	Country		5. Certifica	ate of Status Desired		\$8.75 Additional Fee Required	
- 12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	يوس عود فعصعت عالم عالم		- ماري م	7. Nan	ne and Add	ress of Current R	egister	ed Agent	
	O NOT W		1	Name REYES, JESU	JS M				
1. 1. 1.67	OO NOT WI N THIS SP	•.				Box Number is Not A	Accepta	ble)	
		AUL .							
9	· · · · · · · · · · · · · · · · · · ·			City HIALEAH		F	L	Zip Code 33	
8. The above named State of Florida. I	l entity submits this sta am familiar with, and a	tement for the purpos	e of ch	nanging its regis	stered office	or registered ager	it, or bo	th, in the	
SIGNATURE	Vesus M. K	LIJES. Jesus M	Reyes	5 P	را چارو <u>را به ما د د م ما</u>	re a ser a service			
	ire, typed or printed name of	registered agent and title if a	oplicable	. (NOTE: Regist	tered Agent sig	nature required when rein	nstating)	_ DATE .	
						Campaign Financing	' _□	\$5.00 May Be Added to Fees	
	OFFICERS AN		I 11.						
TITLE	P		1	rle				•	
NAME STREET ADDRESS	REYES, JESUS M 5390 W 6 LN			ME REET ADDRESS	s:				
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TITLE NAME	ST REYES, MARTHA			rle					
STREET ADDRESS	12401 W OKEECHO		ST	REET ADDRESS	s ,	-	•		
CITY-ST-ZIP TITLE	HIALEAH GARDENS	,-FL 33018		TY-ST-ZIP TLE	- 				
_NAME			<u>⊆</u> NA	ME		<u> </u>		المرافع المستصنين (ع	
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NAME				ΓĿΕ					
STREET ADDRESS CITY-ST-ZIP	The second of th	· · · · · · · · · · · · · · · · · · ·	l cn	REET ADDRESS <u>FY-ST-</u> ZIP			· ••••	A State of	
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 on an attachment with an address, with all other like empowered.									
SIGNATURE:	Jesus M KJ	Jesus M Reyes	, Pres	ident	DECTOR			698-8858	
SIGNA	TURE AND TYPED OR	FRINTED NAME OF SIC	NING	OFFICER OR DI	IKECTOR	Date	Daytin	ne Phone #	



June 15, 2004

Florida Department of State P O Box 6327 Tallahassee, Florida 32314

Subject: J'REYES INC

Ref: P01000115001

Enclosed please find the 2004 Annual Report, along with the payment of \$150.00

We wish to request a waiver of the late fee, because we did not receive the postcard from you, and have been recently advised that the payment was past due since May 1, 2004.

We thank you for your understanding.

Sincerely,

Tesus M Rayes Jesus M. Reves

President