

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

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

07-22-2004 90007 020 ***150.00

DOCUMENT # P01000115001
1. Entity Name J REYES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7979 W 25 AVE, BAY 1	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

44049431

DO NOT WRITE IN THIS SPACE

City & State HIALEAH, FL	City & State	4. FEI Number 30-0018806	Applied For <input type="checkbox"/> Not Applicable
Zip 33016-2750	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name REYES, JESUS M
Street Address (P.O. Box Number is Not Acceptable) 5390 W 6 LN
City HIALEAH
State FL
Zip Code 33

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 <i>Jesus M Reyes</i> Jesus M Reyes	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE P	NAME REYES, JESUS M	TITLE	NAME
STREET ADDRESS	5390 W 6 LN	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	CITY-ST-ZIP	
TITLE ST	NAME REYES, MARTHA	TITLE	NAME
STREET ADDRESS	12401 W OKEECHOBEE RD, #271	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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: <i>Jesus M Reyes</i> Jesus M Reyes, President	Date	(305) 698-8858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

Out of state
44049431

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,

Jesus M. Reyes
Jesus M. Reyes
President