FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2006 8:00 am Secretary of State

02-03-2006 90011 043 ***150 00 DOCUMENT # / P01000115001 1. Entity Name J REYES INC 40003332 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 7979 W 25 AVE, BAY 1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For HIALEAH, FL 30-0018806 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33016-2750 Fee Required 7. Name and Address of Current Registered Agent Name REYES, JESUS M DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 6195 W 18 AVE, #G-204 IN THIS SPACE Zip Code HIALÉAH 33012 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 JESUS M. Keyes 21/06 Jesus MREYES, PRES Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE NAME REYES, JESUS M NAME 6195 W 18 AVE, #G-204 STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.