## FOR PROFIT CORPORATION

## FILED Feb 15, 2007 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)				Secretary of State	
DOCUMENT # P01000115001				01-26-2007 90029 007 ***150.00	
1. Entity Name	,				
The army realized					
	the second second	•			
J REYES INC				. ,	• • • • • • • • • • • • • • • • • • •
					•
DO N	OT WRITE	INTHISS	PAGE		
2. Principal Place of		3. Mailing Address			
7979 W 25 AVE, BAY 1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number	1 10-21-4 5-
HIALEAH, FL		Only a Glate		30-0018806	Applied For Not Applicable
Zip	Country	Zip	Country	·	\$8.75 Additiona
33016-2750		<b>-</b> 'P	Country	5. Certificate of Status Desired	Fee Required
			7 Nan	ne and Address of Current Regis	<del></del>
			Name	and Address of Confern Nega	stereu Agent
DO NOT MOITE REYES				SUS M	
DO NOT WRITE				eet Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE 8520 NW 139				TR	<del></del>
			City		Zip Code
			MIAMI LAKES	FL	33016
8. The above named	entity submits this sta	tement for the purpos	se of changing its regis	stered office or registered agent, o	r both, in the
State of Florida. I	am familiar with, and a	ccept the obligations	of registered agent.		
SIGNATURE VIL	us M	14/65 JESUS I	M REYES	•	1/18/2007
Signatu	re, typed or printed name of	registered agent and title if a		tered Agent signature required when reinstati	
	- May 1 Fee is \$150.0	0			
After May 1, Fee is \$550.00 Amended UBR is \$61,25				9. Election Campaign Financing	\$5.00 May Be
Make Check Payable		ant of State		Trust Fund Contribution.	Added to Fees
10.		ID DIRECTORS	11.	<u> </u>	<del></del>
TITLE	P		TITLE		
	REYES, JESUS M		NAME		
l .	8520 NW 139 TR	046	STREET ADDRESS	3	
CITY-ST-ZIP TITLE	MIAMI LAKES, FL 33	010	CITY:ST-ZIP TITLE		
NAME			NAME		
STREET-ADDRESS		•	STREET ADDRESS	3	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		•	TITLE		
STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	ļ		CITY-ST-ZIP	' DO NOT V	VRITE
TITLE			TOTAL ENGINEERING	INTHISS	DAGE
NAME			NAME		MAUE
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP TITLE		<del></del>	CITY-ST-ZIP		
NAME			TITLE		
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CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		
TITLE			TITLE		
NAME STREET ADDRESS			NAME		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	9	
12. I hereby certify that t	he information supplied v	with this filing does not a	ualify for the exemption s	stated in Section 119.07(3)(i), Florida S	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.					
-r.	. ! 11 4	1			
SIGNATURE: 1	ous M	LY SESUS M REY	ES, PRESIDENT	1/18/2007 (3	305) 698-8858
	TURE AND TYPED OR		GNING OFFICER OR D		Daytime Phone #