

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

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90010 024 \*\*\*150.00

<b>DOCUMENT #</b> P01000115001	
<b>1. Entity Name</b>	
J REYES INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 12401 W OKEECHOBEE RD 271		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> HIALEAH GARDENS, FL		<b>City &amp; State</b>	
<b>Zip</b> 33018	<b>Country</b>	<b>Zip</b>	<b>Country</b>

**40029853**

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 30-0018806		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> REYES, JESUS M	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8520 NW 139 TR 1610	
<b>City</b> MIAMI LAKES	<b>State</b> FL
<b>Zip Code</b> 33015	

**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 Reyes* **JESUS M REYES** **1/30/2008**  
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**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P REYES, JESUS M 8520 NW 139 TR 1610 MIAMI LAKES, FL 33016	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Jesus M Reyes* **JESUS M REYES, PRESIDENT** **1/30/2008** **(305) 512-4145**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #