

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 08, 2009  
Secretary of State**

DOCUMENT# P02000000938

Entity Name: LINDA REY ENTERPRISES, CORP.

**Current Principal Place of Business:**

678 11TH AVE N.  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

678 111 AVE N.  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 65-0781656      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALIENTE, ANTONIO D  
1874 NW 106 TERR  
PLANTATION, FL 33322      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REY, LINDA V  
Address: 1874 NW 106 TERR  
City-St-Zip: PLANTATION, FL 33322

Title: VP ( ) Delete  
Name: VALIENTE, ANTONIO D  
Address: 1874 NW 106 TERR.  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO D VALIENTE

VP

03/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date