

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90030 006 ***150.00

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DOCUMENT # **P02000084487**

1. Entity Name
AREYCO, INC.



Principal Place of Business
21 SE 21 RD
MIAMI FL 33129

Mailing Address
21 SE 21 RD
MIAMI FL 33129



2. Principal Place of Business
21 SW 21 Rd
Suite, Apt. #, etc.

3. Mailing Address
21 SW 21 Rd
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami FL

City & State
Miami, FL

Zip
33129

Country
Miami Dade

Zip
33129

Country
MIA Dade

4. FEI Number
33-1016627

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REY, ALEX
~~**21 SE 21 RD**~~ **21 SW 21 Rd**
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REY, ALEX 21 SE 21 RD MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-P REY, Alex 21 SW 21 Rd MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATHERINE REY 21 SW 21 Rd MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Rey* **SIGNATURE REQUIRED** 2/3/03 (202) 234 8769 x109

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

CR2E034 (10/02)