

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90107 010 \*\*\*150.00

**DOCUMENT # P03000039603**

1. Entity Name  
**REYCAT, INC.**



Principal Place of Business  
**718 SUNNY PINE WAY STE B-1  
W PALM BCH, FL 33415**

Mailing Address  
**718 SUNNY PINE WAY STE B-1  
W PALM BCH, FL 33415**

**14006191**



2. Principal Place of Business  
**7539 GREEN LAKE WAY  
Suite, Apt. #, etc. "A"**

3. Mailing Address  
**7539 GREEN LAKE WAY  
Suite, Apt. #, etc. "A"**

04192004 Chg-P CR2E034 (10/03)

City & State  
**BOY TON BEACH FL**  
Zip  
**33432**  
Country  
**USA**

City & State  
**BOY TON BEACH**  
Zip  
**33432**  
Country  
**USA**

4. FEI Number  
**65-1180231**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**TRIVINO, CARLOS  
718 SUNNY PINE WAY STE B-1  
W PALM BCH, FL 33415**

7. Name and Address of New Registered Agent  
Name **TRIVINO CARLOS**  
Street Address (P.O. Box Number is Not Acceptable)  
**7539 GREEN LAKE WAY S-A**  
City **BOY TON BEACH FL** Zip Code **33432**

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   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/19/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	DR TRIVINO, CARLOS 718 SUNNY PINE WAY STE B-1 W PALM BCH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TRIVINO, CARLOS 718 SUNNY PINE WAY STE B-1 W PALM BCH, FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TRIVINO, CARLOS 718 SUNNY PINE WAY STE B-1 W PALM BCH, FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TRIVINO, RAFAEL 718 SUNNY PINE WAY STE B-1 W PALM BCH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIVINO, ROCIO 718 SUNNY PINE WAY STE B-1 W PALM BCH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.T.D.</b> TRIVINO CARLOS 7539 GREEN LAKE WAY S-A BOY TON BEACH FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT TRIVINO RAFAEL 7539 GREEN LAKE WAY S-A BOY TON BEACH FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRIVINO ROCIO 7539 GREEN LAKE WAY S-A BOY TON BEACH FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR HENAO VICTOR HUGO 7539 GREEN LAKE WAY S-A BOY TON BEACH FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #