
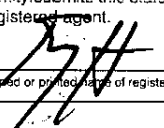
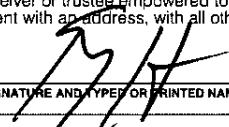


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90261 004 ***158.75

DOCUMENT # P03000065934 1. Entity Name REATA DEVELOPMENT GROUP, INC.			
Principal Place of Business 15560 SW 80TH ST., #104 MIAMI, FL 33193		Mailing Address 15560 SW 80TH ST., #104 MIAMI, FL 33193	
2. Principal Place of Business 341 E Sheridan St Suite, Apt. #, etc. 303		3. Mailing Address 341 E Sheridan St Suite, Apt. #, etc. 303	
City & State DANIA BEACH		City & State DANIA BEACH	
Zip FL 33004		Zip FL 33004	
Country USA		Country U.S.A	
4. FEI Number 010788192		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUTCHINSON, KIRK M 15560 SW 80TH ST., #104 MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Kirk M. Hutchinson Street Address (P.O. Box Number is Not Acceptable) 341 E Sheridan St. #303 City DANIA BEACH FL Zip Code 33004	
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 		DATE 4/21/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		\$158.75	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTCHINSON, KIRK M 15560 SW 80TH ST., #104 MIAMI, FL 33193	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CO-Principal Jorge E GARCIA 725, 90th St Surfside, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Jorge E. GARCIA 725, 90th St. SURFSIDE FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Principal Jorge E GARCIA 725, 90th St Surfside, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Jaime H JARAMILLO 4760 NW 102 AVE #207 MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Principal Jaime H JARAMILLO 4760 NW 102 AVE #207 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 		DATE April 21, 2004	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	