

2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-27-2004 90003'004***150.00

DOCUMENT # P03000105190

1. Entity Name
REINA ANA, INC.



Principal Place of Business
834 NW 81 WAY
PLANTATION, FL 33324

Mailing Address
834 NW 81 WAY
PLANTATION, FL 33324

FILED

04 OCT 27 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **20-0248641**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNERA, RODRIGO
834 NW 81 WAY
PLANTATION, FL 33324

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

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

(NOTE: Registered Agent signature required when removing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	MUNERA, DIANA P	
STREET ADDRESS	834 NW 81 WAY	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	V	<input type="checkbox"/> Delete
NAME	MUNERA, RODRIGO	
STREET ADDRESS	834 NW 81 WAY	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		


[Signature]
11/1/04

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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/04 954-424-0353
Date Daytime Phone #


REINA ANA INC
834 NW 81 Way
Plantation, FL 33324

September 20, 2004

Florida Dept. of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

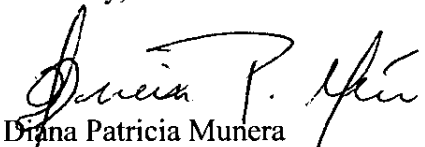
Re: P03000105190

Dear Sir or Madam:

Thanks for responding to our renewal notice. As I informed you on the original letter of request to waive the late fees to renew the corporation, I was traveling and did not get the annual report notice.

Thank you for your cooperation to this matter.

Sincerely,


Diana Patricia Munera
President