


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

FILED
 04 OCT 27 PM 12:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



09242004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0248641** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent: **MUNERA, RODRIGO 834 NW 81 WAY PLANTATION, FL 33324**
 7. Name and Address of New Registered Agent: Name, Street Address, City, State (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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPS MUNERA, DIANA P 834 NW 81 WAY PLANTATION, FL 33324 <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	V MUNERA, RODRIGO 834 NW 81 WAY PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **9/20/04 954-424-0353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINA ANA INC
834 NW 81 Way
Plantation, FL 33324

2004

September 20, 2004

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

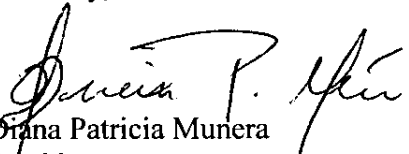
Re: P03000105190

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