

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90010 030 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000107318

1. Entity Name
REYES ESCABATORS, INC.



Principal Place of Business

2870 KINNON DRIVE
ORLANDO, FL 32817

Mailing Address

2870 KINNON DRIVE
ORLANDO, FL 32817

44049921



2. Principal Place of Business

Luis A. Valdes Jr.

Suite, Apt. #, etc.

1985 Mustang Ct

City & State

Saint cloud FL

Zip

34771

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

05252004

Chg-P

CR2E034 (10/03)

4. FEI Number

810 034 102

Applied For

Not Applicable

5. Certificate of Status Desired N/A

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

VALDES, LUIS A JR
2870 KINNON DRIVE
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name

N/A

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

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing N/A
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME VALDES, LUIS A JR
STREET ADDRESS 2870 KINNON DRIVE
CITY-ST-ZIP ORLANDO, FL 32817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Luis A. Valdes Jr
STREET ADDRESS 1985 Mustang Ct
CITY-ST-ZIP ST cloud FL 34771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

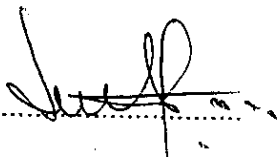
Daytime Phone #

Attachment
44049921
P03000107318

July 20, 2004:

To whom it may concern:

This letter is to inform that on May 5, 2004 I sent a check for the amount of \$150.00 wich was returned to me because I did not completed the annual report for 2004. Enclosed please find the annual report filled and the check.



Luis A. Valdes Jr.