


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90009 007 ***150.00

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| DOCUMENT # P03000112397 | | | |  | |
| 1. Entity Name REY AUTO TRANSPORT, INC. | | | | | |
| Principal Place of Business 27 NW 76 COURT MIAMI, FL 33126 | | | Mailing Address 27 NW 76 COURT MIAMI, FL 33126 | | |
| 2. Principal Place of Business 210 N.W. 56 COURT Suite, Apt. #, etc. | | 3. Mailing Address 210 N.W. 56 COURT Suite, Apt. #, etc. | | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 20-0278535 | |
| Zip 33126 | | Country U.S.A | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SANTANA, REINALDO JR 27 NW 76 COURT MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$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 | D SANTANA, REINALDO JR 27 NW 76 COURT MIAMI, FL 33126 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Santana, Reinaldo Jr 210 N.W. 56 COURT Miami, FL 33126 | <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 | | | |
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| 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 exemptions contained in Chapter 119, 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 _____ 1/20/06 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | | | | |