


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90012 013 ***150.00

DOCUMENT # P03000112397 1. Entity Name REY AUTO TRANSPORT, INC.					
Principal Place of Business 210 NW 56 CT MIAMI, FL 33126			Mailing Address 210 NW 56 CT MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 4641 N.W. 3rd Street		3. Mailing Address 5785-B N.W. 151st St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami Lakes FL		4. FEI Number 20-0278535	
Zip 33126		Country U.S.A.		Applied For Not Applicable	
Zip 33014		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 Catalina De La Caridad Ramirez Street Address (P.O. Box Number is Not Acceptable) 4641 N.W. 3rd Street City Miami FL Zip Code 33126		
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 <u>CCR</u> DATE <u>7/24/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SANTANA, REINALDO JR 210 NW 56 CT MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Catalina De La Caridad Ramirez 4641 N.W. 3rd Street Miami, FL 33126		
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		
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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 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: <u>CCR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/24/07</u> Days/Phone #		