

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90030 007 ***150.00

DOCUMENT # P03000123262					
1. Entity Name REY'S AUTO REPAIR & SERVICE, INC.					
Principal Place of Business 721 HARDLAND CT KISSIMMEE, FL 34758			Mailing Address 721 HARDLAND CT KISSIMMEE, FL 34758		
2. Principal Place of Business - No P.O. Box # 3233 MURRAY Hill Loop		3. Mailing Address 3233 MURRAY Hill Loop			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kissimmee, Florida		City & State Kissimmee, Florida		4. FEI Number 27-0070348	
Zip 34758		Country OCEANIA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRUZ, REY N 721 HARDLAND CT KISSIMMEE, FL 34758			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
3233 MURRAY Hill Loop			City		
Kissimmee			FL		
Zip Code			34758		
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: <i>[Signature]</i>					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CRUZ, REYNALDO 721 HARDLAND CT KISSIMMEE, FL 34758				
<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3233 MURRAY Hill Loop Kissimmee, Florida 34758					
<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 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: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
1/24/07 407-738-9354					