2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P03000129472

Entity Name: REINAS INSURANCE AGENCY, CORP.

Current Principal Place of Business:

5760 SHERIDAN ST
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5760 SHERIDAN ST
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 20-0395103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIAS, JOSE
1379 PLUMOSA WAY
WESTON, FL 33327 US

Name and Address of New Registered Agent:

ARIAS, JOSE
5760 SHERIDAN ST
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: JOSE ARIAS 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARIAS, JOSE
Address: 5760 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete
Name: ARIAS, PRISCILA
Address: 5760 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: V ( ) Delete
Name: ARIAS, MAYRA
Address: 5760 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: OFFI (X) Change ( ) Addition
Name: ARIAS, PRISCILA
Address: 5760 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRISCILA ARIAS OFFI 04/26/2007
Electronic Signature of Signing Officer or Director Date