


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90193 009 \*\*\*150.00

DOCUMENT # P03000132369 1. Entity Name R.E.A. OILS INC.	
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Principal Place of Business 27200 SW 177TH AVENUE HOMESTEAD, FL 33031	Mailing Address 27200 SW 177TH AVENUE HOMESTEAD, FL 33031
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**DO NOT WRITE IN THIS SPACE**



04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0408515	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

ACOSTA, MARICSA  
 13401 SW 46TH STREET  
 MIAMI, FL 33175

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ACOSTA, RICARDO 13401 SW 46TH STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD ACOSTA, MARICSA 13401 SW 46TH STREET MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Ricardo Acosta* Date: 4/21/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #