


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 005 ***150.00

DOCUMENT # P04000009302	
1. Entity Name REINTERGO, USA, INC	

Principal Place of Business 22 SE 4TH APT 144 BOCA RATON, FL 33432	Mailing Address 22 SE 4TH APT 144 BOCA RATON, FL 33432
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2. Principal Place of Business - No P.O. Box # 21346 SAINT ANDREWS BLVD.	3. Mailing Address 21346 SAINT ANDREWS BLVD.
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Suite, Apt. #, etc. 131	Suite, Apt. #, etc. 131
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City & State BOCA RATON, FLORIDA	City & State BOCA RATON, FLORIDA
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Zip 33433	Country USA	Zip 33433	Country USA
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8. Name and Address of Current Registered Agent	
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CARUSO, MICHAEL A 2701 NW 2ND AVE.#211 BOCA RATON, FL 33431	
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04032008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0578344	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) *Pres.* *4/3/08* DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHANSON, JIM 22 SE 4TH APARTMENT 144 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	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"/> Delete	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"/> 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: *X [Signature]* *Pres.* *4/3/08* *954-354-1660* DATE Daytime Phone #

60023896

