

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000042607

1. Entity Name
REU REPAIR, INC



Principal Place of Business
304 LIMETREE TR #A
TAMPA, FL 33619

Mailing Address
304 LIMETREE TR #A
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

**FILED
Apr 27, 2006 8:00 am
Secretary of State**

04-27-2006 90149 008 ***150.00



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2434942	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URQUIOLA, ROLANDO
304 LIMETREE TR #A
TAMPA, FL 33619

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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

Signature, typed or printed name of registered agent and like if app. req'd. (NOTE: Registered Agent & signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME URQUIOLA, ROLANDO
STREET ADDRESS 304 LIMETREE TR #A
CITY-ST-ZIP TAMPA, FL 33619

D
URQUIOLA, ROLANDO
7017 24th Ave. S TAMPA,
FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *RJ*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/06 (813)833-6443
Date Phone #