
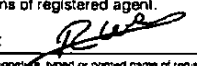
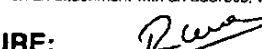


**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

66018195

<b>DOCUMENT # P04000055020</b>				04-21-2005 90259 049 ***150.00	
1. Entity Name <b>REYCHER CORPORATION</b>					
Principal Place of Business <b>670 EAST 39 ST HIALEAH, FL 33013</b>		Mailing Address <b>670 EAST 39 ST HIALEAH, FL 33013</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JACOBO, LUIS 6230 WEST 21 CT MIAMI, FL 33016</b>			7. Name and Address of New Registered Agent Name <b>OLIVA, Reinaldo</b> Street Address (P.O. Box Number is Not Acceptable) <b>670 EAST 39 ST.</b> City <b>Hialeah,</b> FL Zip Code <b>33013</b>		
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  <b>Registered Agent</b> 3/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLIVA, REINALDO 670 EAST 39 ST HIALEAH, FL 33013 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/20/05 305-219-1565 <small>Date Daytime Phone #</small>		