


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90256 031 ***158.75

DOCUMENT # P04000055311 1. Entity Name REYES AND RAYO CARPENTER, INC.					
Principal Place of Business 467 SW 4TH ST MIAMI, FL 33130			Mailing Address 467 SW 4TH ST MIAMI, FL 33130		
2. Principal Place of Business 1039 SW 2 STREET Suite, Apt. #, etc.		3. Mailing Address 1039 SW 2 STREET Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 20-0937148	
Zip 33130		Country MIAMI-DADE		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, EDILSON G 467 SW 4TH ST MIAMI, FL 33130			7. Name and Address of New Registered Agent Name REYES, EDILSON G. Street Address (P.O. Box Number is Not Acceptable) 1039 SW 2 STREET City MIAMI FL Zip Code 33130		
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 <i>Edilson Reyes</i> EDILSON REYES 04/20/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			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 REYES, EDILSON G 467 SW 4TH ST MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYO, OLGA J 467 SW 4TH ST MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, EDILSON G. 1039 SW 2 STREET MIAMI, FLORIDA 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYO, OLGA J. 1039 SW 2 STREET MIAMI, FLORIDA 33130	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, EDILSON G. 1039 SW 2 STREET MIAMI, FLORIDA 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYO, OLGA J. 1039 SW 2 STREET MIAMI, FLORIDA 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAYO, OLGA J. 1039 SW 2 STREET MIAMI, FLORIDA 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Edilson Reyes</i> EDILSON G. REYES 04/20/2005 (786) 210-1407 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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