

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90053 025 \*\*\*150.00

DOCUMENT # P04000070475

1. Entity Name  
REEL AMERICAN ENTERPRISES, INC.



Principal Place of Business

~~1700 S.E. 15TH STREET~~  
~~209~~ 1607 SE 14TH ST  
FORT LAUDERDALE, FL 33316 US

Mailing Address

~~1700 S.E. 15TH STREET~~  
~~209~~ 1607 SE 14TH ST  
FORT LAUDERDALE, FL 33316 US

40012152



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2136265

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIEGLE, MATTHEW H  
~~1700 S.E. 15TH STREET~~  
~~209~~ 1607 SE 14TH ST  
FORT LAUDERDALE, FL 33316

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SIEGLE, MATTHEW H
STREET ADDRESS	<del>1700 S.E. 15TH STREET</del> , #209 1607 SE 14TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	VP
NAME	SIEGLE, ELIZABETH C
STREET ADDRESS	<del>1700 S.E. 15TH STREET</del> 1607 SE 14TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	SEC.
NAME	SIEGLE, MATTHEW H
STREET ADDRESS	<del>1700 S.E. 15TH STREET</del> , #209 1607 SE 14TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	TREA
NAME	SIEGLE, MATTHEW H
STREET ADDRESS	<del>1700 S.E. 15TH STREET</del> , #209 1607 SE 14TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07

Date

954-547-3274

Daytime Phone #