2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000091222

1. Entity Name
REY GENERAL BUSINESS, INC.

14013739

02162005   Chg-P   CR2E034 (10/03)

	Principal Place of Business	Mailing Address
	11300 NW 87 CT # 121B HIALEAH GARDENS, FL 33018	11300 NW 87 CT # 121B HIALEAH GARDENS, FL 33018

2. Principal Place of Business	3. Mailing Address
1665 W 68th ST	1665 W 68th ST
Suite, Apt. #, etc. STE 109	Suite, Apt. #, etc. STE 109
City & State Hialeah FL	City & State Hialeah FL
Zip 33014	Country USA	Zip 33014	Country USA

4. FEI Number 20-1260921 | ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REY SALABARRIA, EDUARDO 6090 W 18 AVE APT 237 HIALEAH, FL 33012	Name Rey Salabarria, Eduardo Street Address (P.O. Box Number is Not Acceptable) 1665 W 68th ST STE 109 City Hialeah FL Zip Code 33014

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 X _____   2/16/05

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, 2005 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P	☒ Change	☐ Addition
NAME	REY SALABARRIA, EDUARDO		NAME	Rey Salabarria, Eduardo.		
STREET ADDRESS	11300 NW 87 CT # 121B		STREET ADDRESS	1665 W 68th ST STE 109		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP	Hialeah, FL 33014		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: X _____   2/16/05   (305) 335 2797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #