


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000133803</b> 1. Entity Name <b>REYES FRAMING, INC.</b>	
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Principal Place of Business <b>3446 SHADY BROOKE DR MULBERRY, FL 33860</b>	Mailing Address <b>3446 SHADY BROOKE DR MULBERRY, FL 33860</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04072006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1636433</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>REYES, ANTONIO 3446 SHADY BROOKE DR MULBERRY, FL 33860</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, ANTONIO 3446 SHADY BROOKE DR MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VELASCO, ELDER 3482 SHADY BROOKE DR MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AMEZCUO, PEDRO 3540 SHADY BROOKE DR W MULBERRY, FL 33860
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000557015 05/17/06-80034-009 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.

<b>SIGNATURE:</b>  <b>Antonio Reyes</b> <b>4-26-06</b>	Date	Daytime Phone #
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