


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90465 027 ***150.00

DOCUMENT # P04000153583					
1. Entity Name DAVID REYES CORPORATION					
Principal Place of Business 1600 CRESTWOOD COURT S. STE. 1605 ROYAL PALM BEACH, FL 33411			Mailing Address 1600 CRESTWOOD COURT S. STE. 1605 ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business 12748 West Hampton Circle		3. Mailing Address 12748 West Hampton Circle			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wellington, FL		City & State Wellington, FL			
Zip 33414		Country U.S.A		4. FEI Number 20-1859959	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, DAVID 1600 CRESTWOOD COURT S. STE. 1605 ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME REYES, DAVID <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1600 CRESTWOOD COURT S., SUITE 1605	CITY - ST - ZIP ROYAL PALM BEACH, FL 33411		STREET ADDRESS	CITY - ST - ZIP	
TITLE STD	NAME GALVIS, LAY HELENA <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1600 CRESTWOOD COURT S., SUITE 1605	CITY - ST - ZIP ROYAL PALM BEACH, FL 33411		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME <input type="checkbox"/> Delete		TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	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: <u>Corey W. Gentry</u>			1-13-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		