

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90186 027 ***150.00

DOCUMENT # P04000162921 1. Entity Name REINAMORA CORP.					
Principal Place of Business 2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180				Mailing Address 2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5944 CORRAL RIDGE DRIVE Suite, Apt. #, etc. 205 City & State CORRAL SPRING, FL Zip 33076 Country BROWARD			
City & State		City & State		4. FEI Number 20-2524401	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SERBER, DANIEL J 2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name ABADIE JUAN P. Street Address (P.O. Box Number is Not Acceptable) 5944 CORRAL RIDGE DRIVE # 205 City CORRAL SPRING State FL Zip Code 33076	
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 <u><i>[Signature]</i></u> ABADIE JUAN P. 4-21-2005 <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	D COIRA, CARLOS A 2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u><i>[Signature]</i></u> COIRA, CARLOS A 4-21-2005 9547268866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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