2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 08:00 AN Secretary of State **DOCUMENT # P05000053435** 1. Entity Name **REY'S GOLD & CASH INC.** Principal Place of Business Mailing Address 1726 NW 36 ST -2476 SW 3RD ST. MIAMI, FL 33135 MIAMI, FL 33142 03282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEREZ, REINALDO A DO NOT WRITE 2476 SW 3RD ST. MIAMI, FL 33135 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 age SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees V00000931384 OFFICERS AND DIRECTORS 10. 05/22/08-80012-021 150.00 PSTD TITLE PEREZ, REINALDO A NAME STREET ADDRESS 2476 SW 3RD ST. CITY-SY-ZIP MIAMI, FL 33135 TITLE PEREZ, REINALDO A NAME 2476 SW 3RD ST. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Devime Phone #