


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90121 001 ***150.00
04-02-2007 90121 002 *****8.75

DOCUMENT # P05000067478	
1. Entity Name REYPONS COMPANY	

Principal Place of Business 6331 WEST 24TH CT B-4 UNIT 108 HIALEAH, FL 33016	Mailing Address 6331 WEST 24TH CT B-4 UNIT 108 HIALEAH, FL 33016
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2. Principal Place of Business - No P.O. Box # 656 E 40ST	3. Mailing Address 656 E 40ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33013	Zip 33013
Country MIAMI DADE	Country MIAMI DADE

03272007 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent REYES, LOURDES G 6331 WEST 24TH CT B-4 UNIT 108 HIALEAH, FL 33016	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, LOURDES G 6331 WEST 24TH CT HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES LOURDES G 656 E 40ST HIALEAH, FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PONS, PEDRO J 6331 WEST 24TH CT HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PONS, PEDRO J 656 E 40ST HIALEAH, FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PONS, YISNEISYS 6331 WEST 24TH CT HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PONS, YISNEISYS 656 E 40ST HIALEAH, FL 33013 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALVAREZ, VICTOR M 6331 WEST 24TH CT HIALEAH, FL 33016 <input checked="" 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"/> 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"/> Delete	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 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.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/20/07 <small>Date</small>	305-205-3472 <small>Daytime Phone #</small>
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067478

Entity Name: REYPONS COMPANY

ATTACHMENT

#66007407

FILED
Sep 06, 2006
Secretary of State**Current Principal Place of Business:**6331 WEST 24TH CT
B-4 UNIT 108
HIALEAH, FL 33016**New Principal Place of Business:**656 E 40th
Hialeah, FL 33013**Current Mailing Address:**6331 WEST 24TH CT
B-4 UNIT 108
HIALEAH, FL 33016**New Mailing Address:**656 E 40th
Hialeah, FL 33013

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:REYES, LOURDES G
6331 WEST 24TH CT
B-4 UNIT 108
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: REYES, LOURDES G
Address: 6331 WEST 24TH CT
City-St-Zip: HIALEAH, FL 33016Title: VP () Delete
Name: PONS, PEDRO J
Address: 6331 WEST 24TH CT
City-St-Zip: HIALEAH, FL 33016Title: S () Delete
Name: PONS, YISNEISYS
Address: 6331 WEST 24TH CT
City-St-Zip: HIALEAH, FL 33016Title: T () Delete
Name: ALVAREZ, VICTOR M
Address: 6331 WEST 24TH CT
City-St-Zip: HIALEAH, FL 33016**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES G. REYES

OWNE

09/06/2006

Electronic Signature of Signing Officer or Director

Date