



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90033 043 ***150.00

DOCUMENT # P05000091071 1. Entity Name REYNEL SUAREZ SURVEYING INC					
Principal Place of Business 2637 S.E. 16 TERR 103 HOMESTEAD, FL 33035			Mailing Address 2637 S.E. 16 TERR 103 HOMESTEAD, FL 33035		
2. Principal Place of Business - No P.O. Box # 12918 S.W. 47 Ter		3. Mailing Address 12918 S.W. 47 Ter			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami FLORIDA		City & State Miami FLORIDA		4. FEI Number 20-3053453	
Zip 33175		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33175		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, REYNEL 14905 S.W. 80TH STREET APT#203 MIAMI, FL 33193				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P SUAREZ, REYNEL 14905 SW 80TH STREET APT#203 MIAMI, FL 33193		<input type="checkbox"/> Delete		
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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.					
SIGNATURE 			02/19/08 786-7976253		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		