

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095926

FILED
Jul 28, 2008
Secretary of State

Entity Name: LORI A. REYES P.A.

Current Principal Place of Business:

100 EAST LINTON BLVD
SUITE 156A
DELRAY BEACH, FL 33483

New Principal Place of Business:

215 NE 22ND STREET
DELRAY BEACH, FL 33444

Current Mailing Address:

100 EAST LINTON BLVD
SUITE 156A
DELRAY BEACH, FL 33483

New Mailing Address:

551 LAVERS CIR
#178
DELRAY BEACH, FL 33444

FEI Number: 81-0676104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, MURRAY J
10330 CAMELBACK LANE
BOCA RATON, FL 33498 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYES, LORI A
Address: 108 SE 31ST AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PA (X) Change () Addition
Name: REYES, LORI A
Address: 551 LAVERS CIR #178
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify 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: LORI A. REYES

PA

07/28/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date