


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90832 042 ***150.00

DOCUMENT # P05000133089

1. Entity Name
JOSE R REYES, INC.



Principal Place of Business 2535 SIESTA COURT APT # 2 TAMPA, FL 33614	Mailing Address 2535 SIESTA COURT APT # 2 TAMPA, FL 33614
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40000100



2. Principal Place of Business - No P.O. Box # 19409 Via Del Mar Suite, Apt. #, etc. Apt. 206	3. Mailing Address 19409 Via Del Mar Suite, Apt. #, etc. Apt. 206
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04272007 Chg-P CR2E034 (12/06)

City & State Tampa, FL	City & State Tampa, FL
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4. FEI Number 20-3535684	Applied For <input type="checkbox"/> Not Applicable
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Zip 33647-3034	Country USA	Zip 33647-3034	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINEZ, MARIANA C 2535 SIESTA CT APT 2 TAMPA, FL 33614		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P	<input type="checkbox"/> Delete MARTINEZ, MARIANA C 2535 SIESTA COURT APT #2 TAMPA, FL 33614	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 19409 Via Del Mar Apt. 206 Tampa FL. 33647-3034	
TITLE VP	<input type="checkbox"/> Delete REYES, JOSE R 2535 SIESTA COURT APT #2 TAMPA, FL 33614	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 19409 Via Del Mar Apt. 206 Tampa, FL. 33647-3034	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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: Mariana Martinez DATE: 04/27/2007 (813) 500-4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #