FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90179 006 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000133711

1. Entity Name
THE LAW OFFICES OF REYES & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
12515 ORANGE DRIVE SUITE 810 DAVIE, FL 33330	12515 ORANGE DRIVE SUITE 810 DAVIE, FL 33330

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13876 S.W. 56 Street	13876 SW. 56 Street
Suite, Apt. #, etc.: Suite 115	Suite, Apt. #, etc.: Suite 115
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33175 Country: Dade	Zip: 33175 Country: Dade

04232007 Chg-P CR2E034 (12/06)

4. FEI Number 57-1224884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, RUBIN ESQ.
12515 ORANGE DRIVE
SUITE 810
DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name: Robin Reyes Esq.
Street Address (P.O. Box Number Is Not Acceptable): 13876 SW. 56 Street
Suite 115
City: Miami FL Zip Code: 33175

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: [signature] 4/23/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $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	PSD REYES, ROBIN 12515 ORANGE DRIVE, SUITE 810 DAVIE, FL 33330	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/23/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #