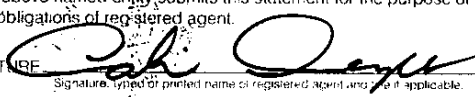
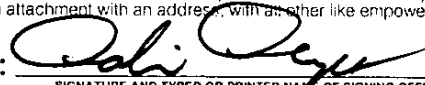


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90179 006 ***150.00

DOCUMENT # P05000133711 1. Entity Name THE LAW OFFICES OF REYES & ASSOCIATES, P.A.					
Principal Place of Business 12515 ORANGE DRIVE SUITE 810 DAVIE, FL 33330			Mailing Address 12515 ORANGE DRIVE SUITE 810 DAVIE, FL 33330		
2. Principal Place of Business - No P.O. Box # 13876 SW. 56 Street		3. Mailing Address 13876 SW. 56 Street			
Suite, Apt. #, etc. Suite 115		Suite, Apt. #, etc. Suite 115			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33175		Zip 33175			
Country Dade		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  DATE 4/23/2007 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when re-registering)					
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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: 			DATE: 4/23/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PHONE #		