

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90262 014 \*\*\*150.00

DOCUMENT # P05000143129

1. Entity Name  
REACHLAND FINANCIAL SERVICES, INC.



Principal Place of Business

1030 NW 135TH CT.  
MIAMI, FL 33182

Mailing Address

1030 NW 135TH CT.  
MIAMI, FL 33182

**50000290**

2. Principal Place of Business - No P.O. Box #

7875 NW 12 STREET.

3. Mailing Address

7875 NW 12 street

Suite, Apt. #, etc.

# 108

Suite, Apt. #, etc.

# 108

01102007

Chg-P

CR2E034 (12/06)

City & State

Miami - FL

City & State

Miami, FL

4. FEI Number

20-3709778

Applied For

Not Applicable

Zip

FL 33126

Country

DADE

Zip

33126

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOREJON, JOSE L.  
1030 NW 135TH CT.  
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

MOREJON, JOSE L.

7875 N.W. 12 STREET., STE. 108

MIAMI, FL 33126

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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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:

*Jose L. morejon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07

Date

786-346-7230

Daytime Phone #