
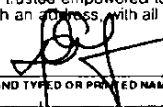


2007 FOR PROFIT CORPORATION ANNUAL REPORT (A3)

FILED
May 22, 2007 8:00 am
Secretary of State

04-17-2007 90245 016 ***150.00

DOCUMENT # P06000009104			
1. Entity Name REYDI CORP			
Principal Place of Business 11 E 43TH STREET HIALEAH FL 33013		Mailing Address 11 E 43TH STREET HIALEAH FL 33013	
2. Principal Place of Business - No P.O. Box # 4097 Palm Ave.		3. Mailing Address 4297 Palm Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH		City & State HIALEAH	
4. FEI Number 20-4165834		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, DIVO E 11 E 43TH STREET HIALEAH FL 33013		7. Name and Address of New Registered Agent Name: GONZALEZ, DIVO E. Street Address (P.O. Box Number is Not Acceptable): 4297 PALM AVE City: HIALEAH FL Zip Code: 33012	
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 _____ (NOTE: Registered Agent signature required when registering)			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: GONZALEZ, DIVO E STREET ADDRESS: 11 E 43TH STREET CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> Delete	TITLE: Same NAME: Same STREET ADDRESS: 4297 PALM AVE CITY-ST-ZIP: HIALEAH FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST NAME: PLASENCIA, REINALDO STREET ADDRESS: 11 E 43TH STREET CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> Delete	TITLE: Same NAME: Same STREET ADDRESS: 4297 PALM AVE CITY-ST-ZIP: HIALEAH FL 33012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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 Section 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 as an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 02/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 02/20/07	