2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000099912

1. Entity Name
ULISES REYES,INC.

Principal Place of Business	Mailing Address
1778 DAGON RD.	~~1778 DAGON RD.~~
VENICE, FL 34293 US	~~VENICE, FL 34293~~

04032008   Chg-P   CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
22096 Bronxville Av.

Suite, Apt. #, etc.

City & State
Port Charlotte, FL.

Zip 33952   Country

3. Mailing Address
22096 Bronxville Av.

Suite, Apt. #, etc.
Port Charlotte, FL.

City & State

Zip 33952   Country U.S.A.

4. FEI Number
86-1172200

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

REYES, ULISES P
1778 DAGON RD.
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name Ulises P. Reyes

Street Address (P.O. Box Number is Not Acceptable)
22096 Bronxville Av.

City Port Charlotte   FL   Zip Code 33952

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 _____   Ulises Reyes   4.2.08

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, 2008 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 P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME REYES, ULISES P 22096 Bronxville Av.		NAME	
STREET ADDRESS ~~1778 DAGON RD.~~ Port Charlotte, FL.		STREET ADDRESS	
CITY-ST-ZIP ~~VENICE, FL 34293~~ 33952		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____   Ulises Reyes   4.2.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #