FILED
Aug 27, 2007 8:00 am
Secretary of State
07-30-2007 90062 035 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000128522

1. Entity Name
REYES'S SUPERSANDWICH, INC.

Principal Place of Business	Mailing Address
1726 NW 36TH STREET UNIT 2 MIAMI, FL 33142	1726 NW 36TH STREET UNIT 2 MIAMI, FL 33142
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

66021449

07172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5712591 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYES-HERNANDEZ, RAUL 1726 NW 36TH STREET UNIT 2 MIAMI, FL 33142	Name: MARIA V. CARMENATE Street Address (P.O. Box Number is Not Acceptable): 1726 NW. 36 ST. City: MIAMI, FL Zip Code: 33142

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: X MARIA V. CARMENATE [signature] 07/21/07
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSTD NAME: REYES-HERNANDEZ, RAUL STREET ADDRESS: 1726 NW 36TH STREET #2 CITY-ST-ZIP: MIAMI, FL 33142	☒ Delete	TITLE: PSTD NAME: MARIA V. CARMENATE STREET ADDRESS / CITY-ST-ZIP: 1726 NW. 36 ST.MIAMI,FL, 33142	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: X [signature] 07/21/2007 305-634-7215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #