



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90048 005 ***150.00

DOCUMENT # P07000034693 1. Entity Name REYMAR TRADING, INC.					
Principal Place of Business 6225 KENDALE LAKES CIR UNIT #D-158 MIAMI, FL 33183			Mailing Address 6225 KENDALE LAKES CIR UNIT #D-158 MIAMI, FL 33183		
2. Principal Place of Business - No P.O. Box # 7239 NW 33 ST Suite, Apt. #, etc.		3. Mailing Address 7239 NW 33 ST Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-8805155	
Zip 33122		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALWANT CHEEMA, P.A. 4160 WEST 16TH AVENUE SUITE 309 HIALEAH, FL 33012				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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DOMINGUEZ, REINALDO D 6225 KENDALE LAKES CIR UNIT #D-158 MIAMI, FL 33183				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete DOMINGUEZ, REINALDO D 6225 KENDALE LAKES CIR UNIT #D-158 MIAMI, FL 33183				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7239 NW 33 ST MIAMI, FL 33122					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7239 NW 33 ST MIAMI, FL 33122					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP FRANCISCO CHERENO 7239 NW 33 ST MIAMI, FL 33122					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP LUIS C. CHERENO 7239 NW 33 ST MIAMI, FL 33122					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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 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: <i>Reinaldo D. Dominguez</i> REINALDO D. DOMINGUEZ 3/25/08 305-591-9469 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					