2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 27, 2008 8:00 am **Secretary of State** DOCUMENT # P07000046771 02-27-2008 90005 034 ***150.00 1. Entity Name REY PRODUCTION SERVICES, INC. Principal Place of Business Mailing Address 4000000 999 NE 167TH ST. 999 NE 167TH ST. SUITE 316 SUITE 316 NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business - No P.O. Box # 19377 NE 10* AVE 3. Mailing Address 19377 NE 10M AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02202008 214 214 4. FEI Number 20-8814056 Applied For City & State City & State NORTH MIAMI BEACH, FL NORTH MIAMI BEACH Not Applicable Zip 33179 \$8.75 Additional Countr 5. Certificate of Status Desired ปีSA 33179 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUENTES, REINALDO Street Address (P.O. Box Number is Not Acceptable) 999 NE 167TH ST. **SUITE 316** NORTH MIAMI BEACH, FL 33162 19377 NE 10M AVE #214 City NORTH MIAMI BEACH 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, KFINALDO FUENTES Q9 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE FUENTES, REINALDO NAME NAME 19377 NE 107 AVE #214 STREET ADDRESS STREET ADDRESS 999 NE 167TH ST., SUITE 316 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 N.M.B FL 33179 TITLE (X) Change ☐ Addition TITLE ☐ Detete PEREZ, PAMELA NAME NAME 19377 NE 10TH AVE #214 STREET ADDRESS STREET ADDRESS 999 NE 167TH ST., SUITE 316 CITY-ST-ZIP N.M.B. FL CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 33179 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS

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 flue 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 employered 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 employered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE: 1

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Delete

REINALDO FUENTES 02/21/2008

FILED

☐ Change

☐ Addition