

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046771

FILED
Mar 09, 2009
Secretary of State

Entity Name: REY PRODUCTION SERVICES, INC.

Current Principal Place of Business:

19377 NE 10TH AVE
214
MIAMI, FL 33179

New Principal Place of Business:

19377 NE 10TH AVE
317
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

19377 NE 10TH AVE
214
MIAMI, FL 33179

New Mailing Address:

19377 NE 10TH AVE
317
NORTH MIAMI BEACH, FL 33179

FEI Number: 20-8814056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUENTES, REINALDO
19377 NE 10TH AE #214
MIAMI, FL 33179 US

Name and Address of New Registered Agent:

FUENTES, REINALDO
19377 NE 10TH AVE.
317
NORTH MIAMI BEACH, FL 33179 US

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.

SIGNATURE: REY PRODUCTION SERVICES

03/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FUENTES, REINALDO
Address: 19377 NE 10TH AVE #214
City-St-Zip: NORHT MIAMI BEACH, FL 33179

Title: V () Delete
Name: PEREZ, PAMELA
Address: 19377 NE 10TH AVE #214
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REINALDO FUENTES,
Address: 19377 NE 10TH AVE. # 317
City-St-Zip: NORHT MIAMI BEACH, FL 33179

Title: V (X) Change () Addition
Name: PEREZ, PAMELA M
Address: 19377 NE 10TH AVE. # 317
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REINALDO FUENTES

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date