2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000126946

Entity Name: REYES AVIATION, INC

DAVID J. KOLÉOS,

ROSWELL, GA 30076 US

800 OLD ROSWELL LAKES PKWY, STE 220

Name:

Address:

City-St-Zip:

FILED Feb 16, 2009 Secretary of State

Entity Na	me: REYES	S AVIATION, INC.				
Current P	rincipal Pla	ce of Business:	New Princ	New Principal Place of Business:		
SUITE 104	102ND AVE 4 , FL 33351	US				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE 104	102ND AVE 4 , FL 33351	US				
FEI Number	: 26-1487553	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
KOLEOS, DANIEL J 8211 W. BROWARD BLVD. SUITE PH4 PLANTATION, FL 33324 US			5401 NW 1 SUITE 104	REYES, ROGELIO 5401 NW 102ND AVE SUITE 104 SUNRISE, FL 33351 US		
The above in the State	e named entit e of Florida.	ty submits this statement for the	purpose of changing i	ts registered office or registered agent, or bot	h,	
SIGNATUI	RE: ROGEI	LIO REYES		02/16/2009		
	Electr	onic Signature of Registered Ac	jent	Date	_	
Election Ca	mpaign Financ	eing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	REYES, RO	2ND AVE, SUITE 104	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	REYES, RO	2ND AVE, SUITE 104	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	REYES, RO	2ND AVE, SUITE 104	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	VP	(X) Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROGELIO REYES P 02/16/2009