

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000046197

1. Entity Name
DE LOS REYES ENGINEERING, INC.



FILED

04 MAY 10 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4970 SW 72 AVE #107
STE 107
MIAMI, FL 33155 US

Mailing Address
4970 SW 72 AVE #107
STE 107
MIAMI, FL 33155 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0419918

Applied For
Not Applicable

Zip Country

Zip Country

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

DE LOS REYES, HECTOR
4970 SW 72 AVE.
SUITE 107
MIAMI, FL 33155

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PSTD
STREET ADDRESS DE LOS REYES, HECTOR
CITY-ST-ZIP 4970 SW 72 AVE #107
MIAMI, FL 33155 ☐ Delete

TITLE
NAME PD
STREET ADDRESS HECTOR DE LOS REYES
CITY-ST-ZIP 4970 SW 72 AVE #107
MIAMI FL 33155 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME STD
STREET ADDRESS ANA DE LOS REYES
CITY-ST-ZIP 4970 SW 72 AVE #107
MIAMI FL 33155 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 800037062668
05/25/04--01006--002 **\$1.25 ☐ 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

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANA DE LOS REYES 04/28/04 305-6652778