2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000089927

Entity Name: REY MORENO OF FLORIDA, INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9050 PINES BLVD 18503 PINES BLVD

STE 430 STE 308

PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

9050 PINES BLVD 18503 PINES BLVD

STE 430 STE 308

PEMBROKE PINES, FL 33024 PEMBROKE PINES, FL 33024

FEI Number: 65-0853675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REY, RAUL D
9050 PINES BLVD
REY, RAUL D
18503 PINES BLVD

SUITE 430 SUITE 308

PEMBROKE PINES, FL 33024 US PEMBROKE PINES, FL 33029 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: 01/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PST (X) Change () Addition

 Name:
 REY, RAUL D
 Name:
 REY, RAUL D

 Address:
 9050 PINES BLVD STE 430
 Address:
 18503 PINES BLVD STE 308

City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete Title: MGRM (X) Change () Addition Name: HERRERA, ALBA M Name: SANCHEZ, ADRIANA

Address: 9050 PINES BLVD STE 430 Address: 4313 DIAMOND ROW City-St-Zip: PEMBROKE PINES, FL 33024 City-St-Zip: WESTON, FL 33331

Title: D (X) Delete Title: () Change () Addition Name: CACERES, VICTOR H Name:

 Name:
 CACERES, VICTOR H
 Name:

 Address:
 9050 PINES BLVD STE 430
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:

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: RAUL D. REY PST 01/21/2009