FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91166 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000098857

1. Entity Name
R.D. REYES, INC.

Principal Place of Business	Mailing Address
~~530 CHALLENGER RD~~ ~~CAPE CANAVERAL, FL 32920-4227~~	~~530 CHALLENGER RD~~ ~~CAPE CANAVERAL, FL 32920-4227~~

2. Principal Place of Business		3. Mailing Address	
2000 N. Congress Ave.		"Same"	
Suite, Apt. #, etc. #192		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State	
Zip 33409	Country US	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0710074 — Applied For / Not Applicable

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
PINEDA, ENRICO A 4311 OKEECHOBEE BLVD #32 WEST PALM BEACH, FL 33409-3116	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REYES, JOANNE M	NAME	
STREET ADDRESS	~~530 CHALLENGER RD~~ 2000 N Congress Ave. #192	STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CANAVERAL, FL 32920~~ W Palm Beach, FL 33409	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REYES, JOANNE M	NAME	
STREET ADDRESS	~~530 CHALLENGER RD~~ 2000 N Congress Ave. #192	STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CANAVERAL, FL 32920~~ W Palm Beach, FL 33409	CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: Joanne M Reyes 4/30/03 (561)640-4985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #