## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P97000057177 03-05-2004 90015 016 \*\*\*150.00 REEL INVESTMENTS INT'L, INC. Principal Place of Business Mailing Address 3800 SOUTH OCEAN DR 1910 SW 116TH AVE. DAVIE, FL 33325 US HOLLYWOOD, FL 33019 US 2. Principal Place of Business 3. Mailing Address 3800 SOUL OLEGN Dr. 1910 SW 116 AUC Suite, Apt. #, etc. 6 - 9 Suite, Apt. #, etc. 02082004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For Hollvasod DAVIC 65-0772935 Not Applicable Country 3332*S* \$8.75 Additional 5. Certificate of Status Desired Browa Browand Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORNOS, RICARDO Street Address (P.O. Box Number is Not Acceptable) 1910 SW 116TH AVE. **DAVIE, FL 33325** 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) 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change Addition FORNOS, RICARDO NAME NAME STREET ADDRESS 11041 NW 22ND STREET STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FORNOS, LUCY NAME 11041 NW 22ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE ☐ Dolete 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the limp signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recover 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 is changed, or on an attachment with an address, with all what like empowaved. Imy signature shall have the same legal effect as if made under oath; that I am an officer or director if as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Mar 05, 2004 8:00 am