


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 043 ***150.00

| | |
|---|---|
| DOCUMENT # P98000057809 |  |
| 1. Entity Name REYES PAINTING CO., INC. | |

| | |
|---|---|
| Principal Place of Business 71 EAST 58TH STREET HIALEAH, FL 33013 | Mailing Address 71 EAST 58TH STREET HIALEAH, FL 33013 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 13500 SW 51 ST | 3. Mailing Address 13500 SW 51 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|-------------------------------------|
| City & State MIRAMAN FL 33027 | City & State MIRAMAN - FL |
| Zip | Zip |
| Country | Country |



05182005 Chg-P CR2E034 (10/03)

| | | |
|---|--|--|
| 4. FEI Number 65-0845093 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | |
| REYES, JOHN M 13500 SW 51 STREET HIALEAH, FL 33-0127 | | |
| 7. Name and Address of New Registered Agent | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD REYES, CANDIDO M 71 EAST 58TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD. JOHN M REYES 13500 SW 51 ST MIRAMAN - FL 33013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REYES, PALMIRA 71 EAST 58TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD. HILDEGARD REYES 13500 SW 51 ST MIRAMAN - FL 33013 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD REYES, JOHN M 71 EAST 58TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: JOHN M REYES 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/05 786-280-5200
Date Daytime Phone #