page 1 of 2

FILED
2006 SEP 25 AM 10: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088230

1. Entity Name
Reibar Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1963 SE 24 Ave	1963 SE 24 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead, Fl	City & State: Homestead, Fl
Zip: 33035 Country: U.S	Zip: 33035 Country: U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0893692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ana R. Reina

Street Address (P.O. Box Number is Not Acceptable): 5427 NW 72 Ave

City: Miami FL Zip Code: 33166

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.

400080456494
10/04/06--01029--010 **300.00

SIGNATURE: Ana Rosa Reina
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Ana R. Reina
STREET ADDRESS	1963 SE 24 Ave
CITY-ST-ZIP	Homestead, Fl 33035
TITLE	V.P
NAME	Cinthia Villena
STREET ADDRESS	1963 SE 24 Ave
CITY-ST-ZIP	Homestead, Fl 33035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TB 9/25/06
NAME	
STREET ADDRESS	
CITY-ST-ZIP	STATEMENT 05-06
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ana Rosa Reina 09/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Page 2 of 2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **REIBAR INC.**

Thank you for your courtesy in this matter.

Ana Rosa Reina

ANA REINA
DIRECTOR