2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am Secretary of State DOCUMENT # P99000002236 02-09-2005 90054 044 ***150.00 REYES DEL MAR JEWELERS, INC. Principal Place of Business Mailing Address 14 NE 1 AVENUE SUITE 1405 14 NE 1 AVENUE SUITE 1405 MIAMI FL 33132 50012756 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-0893946 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANTANA, FRANCIS X ESQ. Street Address (P.O. Box Number is Not Acceptable) 28 W. FLAGLER STREET SUITE 400 **MIAMI FL 33130** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11 PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE REYES, LUIS NAME NAME 760 WEST 70 PL STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition PENTON, RICARDO NAME NAME 1400 NORTH 74 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024 CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME REYES, RAQUEL NAME STREET ADDRESS STREET ADDRESS 4475 POST AV CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33140 TITLE Change Addition Delete PENTON, VIVIANNA NAME NAME 1400 7 74 TR STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33024 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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**

12. Thereby 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