

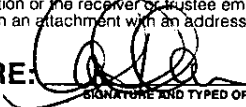


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90149 047 ***150.00

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|---|---|---|---|--|--|
| DOCUMENT # P99000022065 1. Entity Name REY TRADING, INC. | | | |  | |
| Principal Place of Business 10544 NW 26 ST SUITE E 201 MIAMI, FL 33172 | | | Mailing Address 10544 NW 26 ST SUITE E 201 MIAMI, FL 33172 | | |
| 2. Principal Place of Business 10540 NW 26 ST Suite, Apt. #, etc. G204 | | 3. Mailing Address 10540 NW 26 ST Suite, Apt. #, etc. G204 | |  | |
| City & State MIAMI FL | | City & State MIAMI FL | | 4. FEI Number 52-2152602 | |
| Zip 33172 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RIVERA, ANA 15465 S.W. 146TH STREET MIAMI, FL 33196 | | | | 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 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RIVERA, ANA 10544 NW 26 ST STE E 201 MIAMI, FL 33172 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 10540 NW 26 ST STE G204 MIAMI, FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MORENO, BRENDA 10544 NW 26 ST STE E 201 MIAMI, FL 33172 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 10540 NW 26 ST STE G204 MIAMI, FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PSYCHOYOS, NICHOLAS A 10544 NW 26 ST STE E 201 MIAMI, FL 33172 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 10540 NW 26 ST STE G204 MIAMI, FL 33172 | |
| 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 | |
| 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:  ANAD RIVERA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/24/05 Daytime Phone # 3054630540 | | |