2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90119 023 ***150.00

DOCUMENT # S99832

1. Entity Name

REY INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
10940 SW 114TH ST MIAMI FL 33176 US	10940 SW 114TH ST MIAMI FL 33176 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10855 SW 72 ST.	10855 SW 72 ST.
Suite, Apt. #, etc.: #7-150	Suite, Apt. #, etc.: #7-150
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33173 Country: U.S.	Zip: 33173 Country: U.S.

4. FEI Number 65-0310864 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REY, LUIS M.
10940 SW 114TH ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: REY, LUIS M. (SAME)
Street Address (P.O. Box Number is Not Acceptable): 10855 SW 72 STREET #7-150
City: MIAMI FL Zip Code: 33173

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] LUIS M. REY P.D. 04/09/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	P.D.	☒ Change ☐ Addition
NAME	REY, LUIS M		NAME	REY, LUIS M (SAME)	
STREET ADDRESS	10940 SW 114TH ST		STREET ADDRESS	10855 SW 72 ST, #7-150	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI, FL 33173	
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			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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: [signature] LUIS M. REY P.D. 04/09/08 305 233-9776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #