

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 10940 SW 114TH ST MIAMI FL 33176 US	Mailing Address 10940 SW 114TH ST MIAMI FL 33176 US
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2. Principal Place of Business - No P.O. Box # 10855 SW 72 ST.	3. Mailing Address 10855 SW 72 ST.
Suite, Apt. #, etc. # 7-150	Suite, Apt. #, etc. # 7-150

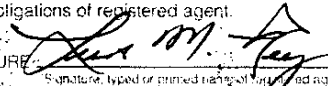
1st MOORE CR2E034 (10/07)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33173	Zip 33173
Country U.S.	Country U.S.

4. FEI Number 65-0310864	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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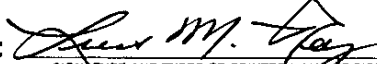
6. Name and Address of Current Registered Agent REY, LUIS M. 10940 SW 114TH ST MIAMI FL 33176	
7. Name and Address of New Registered Agent Name REY, LUIS M. (SAME) Street Address (P.O. Box Number is Not Acceptable) 10855 SW 72 STREET # 7-150 City MIAMI FL 33173	

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 	LUIS M. REY P.D.	DATE 04/09/08

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REY, LUIS M 10940 SW 114TH ST MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. REY, LUIS M (SAME) 10855 SW 72 ST, # 7-150 MIAMI, FL 33173
☐ Delete		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	

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.	
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SIGNATURE: 	LUIS M. REY P.D.	DATE 04/09/08	305 233-9776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	DAYTIME PHONE #