


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90060 007 ***150.00

DOCUMENT # 466795			
1. Entity Name REP ENTERPRISES INC.			
Principal Place of Business 700 N FEDERAL HWY HALLANDALE FL 33009 US		Mailing Address PO BOX 2876 HALLANDALE FL 33008-2876 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1565026				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PALACIOS, RAUL E. 2705 PARKVIEW DR HALLANDALE FL 33009			Name Elsa M. Palacios Street Address (P.O. Box Number is Not Acceptable) 2800 Old Orchard Road City Davie FL Zip Code 33328		
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 <i>Elsa M. Palacios</i>		Elsa Palacios, President		DATE 4/23/03	

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, RAUL E		NAME		
STREET ADDRESS	2800 OLD ORCHARD RD		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, ELSA M.		NAME		
STREET ADDRESS	2800 OLD ORCHARD RDQ		STREET ADDRESS	2800 Old Orchard Road	
CITY-ST-ZIP	DAVIE FL		CITY-ST-ZIP	33328	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Vice President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, RAUL E II		NAME	Raul E. Palacios, II	
STREET ADDRESS	202 W FOREST OAK CIRCLE		STREET ADDRESS	5100 S.W. 167 Avenue	
CITY-ST-ZIP	DAVIE FL 33325		CITY-ST-ZIP	Southwest Ranches, FL 33331	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Treasurer & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIOS, RICHARD E		NAME		
STREET ADDRESS	348 E. GARDEN COVE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Monique Manning	
STREET ADDRESS			STREET ADDRESS	2810 Old Orchard Road	
CITY-ST-ZIP			CITY-ST-ZIP	Davie, FL 33328	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 equipment.

SIGNATURE: *Raul E. Palacios, II* **Raul E. Palacios, II** **4/23/03** **(954) 559-7107**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)