


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90114 029 \*\*\*150.00

<b>DOCUMENT # K71196</b> 1. Entity Name REBREPS, INC.	
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Principal Place of Business % MORRIS W. SPERBER 327 CLEMATIS ST W PALM BEACH, FL 33401 US	Mailing Address % MORRIS W. SPERBER 327 CLEMATIS ST W PALM BEACH, FL 33401 US
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

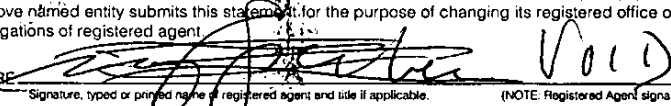
4. FEI Number 65-0103152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SPERBER, MORRIS W.  
 1401 PALM CIRCLE  
 W PALM BEACH, FL 33406

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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:  *VOID* DATE: 4/2/05

Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)

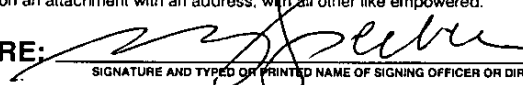
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SPERBER, MORRIS W.
STREET ADDRESS	1401 PALM CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	DVP
NAME	SPERBER, MURL <i>DECEASED - w/s</i>
STREET ADDRESS	1401 PALM CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  DATE: 3/22/05 561-655-8010

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