


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000035438**  
 1. Entity Name  
**REX FABRICS OF GRANADA PLAZA, INC.**



Principal Place of Business: **825 SW 37TH AVE MIAMI FL 33135**  
 Mailing Address: **825 SW 37TH AVE MIAMI FL 33135**

2. Principal Place of Business: Suite, Apt. #. etc.  
 3. Mailing Address: Suite, Apt. #. etc.

City & State: \_\_\_\_\_  
 City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_



MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**  
**ALDAMO, RICARDO**  
**3178 SW 22 TERR**  
**MIAMI FL 33145**

4. FEI Number: **65-0828141**  
 Applied For:  Not Applicable

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

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARINA N	
STREET ADDRESS	4819 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALDAMA, RICARDO	
STREET ADDRESS	4819 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000028913  
 02/04/04-80045-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Ricardo Aldama* **1-28-04 305448-765**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #