

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 210652
 1. Entity Name
REX THREE, INC.



Principal Place of Business 15431 SW 14TH STREET 15431 SW 14TH ST SUNRISE, FL 33326-1937 US	Mailing Address REX THREE, INC. 15431 SW 14TH ST SUNRISE, FL 33326-1937 US
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0859951	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MILLER, STEPHEN H
 15431 SW 14TH STREET
 SUNRISE, FL 33261

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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 _____ 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000102892
 04/05/04 00034 000 150.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, STEPHEN H 15431 S.W. 14TH ST. SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MILLER, JULIUS 15432 SW 14TH ST SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHUSTERMAN, HOWARD 15431 SW 14TH ST SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GOLDSTEIN, MELVIN 15431 SW 14TH ST SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, ELEANOR 15431 SW 14TH ST SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NASHER, BRUCE 15431 SW 14TH ST SUNRISE, FL

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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)(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: Julius Miller Date: 4/2/04 Daytime Phone #: 954-452-8301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julius Miller