


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 294677</b>	
1. Entity Name <b>NEW REX CORP</b>	

Principal Place of Business 1662-1676 COLLINS AVENUE 3510 CORAL WAY, SUITE 200 MIAMI BEACH, FL 33139 US	Mailing Address C/O DARPEL INVESTMENTS, INC 3510 CORAL WAY STE. 200 MIAMI, FL 33145-3013 US
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01212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1150276</b>	Applied For 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**

RESTREPO, PEDRO LUIS  
3510 CORAL WAY, SUITE 200  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

**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**  **\$5.00** May Be Added to Fees

Trust Fund Contribution.

U00000090369  
03/17/04-80016-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, PEDRO LUIS 17 BAY HEIGHTS DRIVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RESTREPO, DARIO 6902 SUNRISE DR. CORAL GABLES, 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:**  **Pedro Luis Restrepo** **March 15, 2004** **(305) 445-9555**

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