

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90138 001 ***227.50

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03282007 Chg-P CR2E034 (12/06)

DOCUMENT # 294677 1. Entity Name NEW REX CORP			
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	
2. Principal Place of Business - No P.O. Box # 210 - 71st Street		3. Mailing Address Same	
Suite, Apt. #, etc. Suite 309		Suite, Apt. #, etc. 	
City & State Miami Beach, FL		City & State 	
Zip 33141	Country USA	Zip 	Country
4. FEI Number 59-1150276		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RESTREPO, PEDRO LUIS 3510 CORAL WAY, SUITE 200 MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Joel S. Piotrkowski, Esquire Street Address (P.O. Box Number is Not Acceptable) 317 - 71st Street Miami Beach City FL Zip Code 33141	
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: <small>Signature, typed or printed name of registered agent and title, as applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE: 4-2-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, PEDRO LUIS 3510 CORAL WAY, STE 200 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RESTREPO, DARIO 3510 CORAL WAY, STE 200 MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4-2-07 DAYTIME PHONE: 305-865-4311	