


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 662638
1. Entity Name
REBMAN OF FLORIDA, INC.



Principal Place of Business _____ Mailing Address _____
150 SE 2ND AVE 150 SE 2ND AVE
STE1200 STE1200
MIAMI, FL 33131 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01262005 No Chg-P CR2E034 (10/03)

4. FEJ Number 59-2006164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSEN, BORIS
150 SE 2ND AVE SUITE 1200
STE 220
MIAMI, FL 33131

**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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERELIS, ALAN 150 SE 2ND AVE STE. 1200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERELIS, MANUEL 150 SE 2ND AVE STE. 1200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PERELIS, REBECA 150 SE 2ND AVE STE. 1200 MIAMI, FL
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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02/15/05-80001-001 150.00

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IN THIS SPACE**

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:  **MANUEL PERELIS** (305) 374-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #