

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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



| | |
|--|--|
| Principal Place of Business 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131 | Mailing Address 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131 |
|--|--|

DO NOT WRITE IN THIS SPACE



03082007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-2006164 | Applied For <input type="checkbox"/> 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
 1001 BRICKELL BAY DR
 SUITE 1400
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PERELIS, MANUEL 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP PERELIS, REBECA 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131 |
| 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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 03/22/07-80041-015 150.00

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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: Manuel Perelis **MANUEL PERELIS** 3/10/07 305-371-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #