


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # H30881 1. Entity Name REKERLE INVESTMENTS, INC.	
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Principal Place of Business % HAROLD CHOPP 200 SO. BISCAYNE BLVD, STE. 4950 MIAMI, FL 33137-3216	Mailing Address % HAROLD CHOPP 200 SO. BISCAYNE BLVD, STE. 4950 MIAMI, FL 33137-3216
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**DO NOT WRITE IN THIS SPACE**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2472760	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CHOPP, HAROLD 200 S BISCAYNE BLVD SUITE 4950 MIAMI, FL 33131
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REYLER, DORA D. 4950 200 S BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REYLER, DORA D 4950 200 S BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KERBEL, FANNY A. 4950 200 S BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LICHTER, MAYRA, R 4950 200 S BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE 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)(i), 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: *Dora D. Reyler* 4-28-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #