



FILED  
SECRETARY OF STATE  
DIVISION OF OPERATIONS

05 NOV 18 PM 12: 04

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| <b>DOCUMENT # L03000032690</b>  |  |       |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS                            |  |
| 1. Entity Name<br><b>REY REX, LLC</b>   |  | 05 NOV 18 PM 12: 04  |  |  |  |
| Principal Place of Business<br><b>250/ 174TH ST<br/>NO. 411<br/>SUNNY ISLAND BCH., FL 33160 US</b>  |  | Mailing Address<br><b>250/ 174TH ST<br/>NO. 411<br/>SUNNY ISLAND BCH., FL 33160 US</b> |  |  |  |
| 2. Principal Place of Business<br><b>7518 NW 17 DR.</b>   |  | 3. Mailing Address<br><b>7518 NW 17 DR</b>   |  | 11142005 REIN-LLC CR2E101 (6/04)   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City and State<br><b>PEMBROKE PINES, FL</b>   |  | City and State<br><b>PEMBROKE PINES</b>  |  | 4. FEI Number<br><b>20-1125359</b>   |  |
| Zip<br><b>33024</b>   |  | Country<br><b>USA</b>  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$5.00 Additional Fee Required   |  |  |  |
| 6. Name and Address of Current Registered Agent<br><b>TAPONECO, ENRIQUE S<br/>250/ 174TH ST.<br/>NO. 411<br/>SUNNY ISLAND BCH., FL 33160</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>MANZO, HORACIO A</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7518 NW 17 DR</b><br>City <b>PEMBROKE PINES</b> FL Zip Code <b>33024</b> |  |  |
| 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.<br>SIGNATURE <b>HORACIO MANZO</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>11/15/2005</b>   |  |  |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2006, Fee will be \$200.00  |  |  | Make check payable to<br>Florida Department of State   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |  | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGRM<br/>HORACIO, MANZO A<br/>602 E HALLANDALE BCH. BLVD.<br/>HALLANDALE, FL 33009</b>   |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGRM<br/>MANZO, HORACIO A.<br/>7518 NW 17 DR.<br/>PEMBROKE PINES, FL 33024</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGRM<br/>MANZO, AMADEO R<br/>602 HALLANDALE BCH. BLVD.<br/>HALLANDALE, FL 33009</b>  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGRM<br/>DENNY, SANCHEZ<br/>6663 SW 138 CT<br/>MIAMI, FL 33183</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>100062130361<br/>12/14/05--01005--006 **150.00</b>   |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>2005</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |  |  |  |
| SIGNATURE: <b>MANAGER HORACIO MANZO</b> 11/15/2005 786-357-0067   |  |  |  |  |  |