

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032690

Entity Name: REY REX, LLC

FILED
May 11, 2007
Secretary of State

Current Principal Place of Business:

7518 NW 17 DR
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

7518 NW 17 DR
PEMBROKE PINES, FL 33024 US

New Mailing Address:

FEI Number: 20-1125359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MANZO, HORACIO A
7518 NW 17 DR
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANZO, HORACIO A
Address: 7518 NW 17 DR
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGRM () Delete
Name: MANZO, AMADEO R
Address: 602 HALLANDALE BCH. BLVD.
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGRM () Delete
Name: DENNY, SANCHEZ
Address: 665 SW 138 CT
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HORACIO MANZO

MGR

05/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date