

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90658 050 ***158.75

DOCUMENT # L11683	
1. Entity Name ERELEX, INC.	



Principal Place of Business 201 BISCAYNE BLVD. SUITE 1700 MIAMI, FL 33131 US	Mailing Address C/O RONNY J. HALPERIN 201 S. BISCAYNE BLVD., SUITE 1700 MIAMI, FL 33131 US
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94080751



2. Principal Place of Business c/o Ronny J. Halperin, P.A. 312 S.E. 17th Street, 2nd Floor Ft. Lauderdale, FL 33316 U.S.	3. Mailing Address c/o Ronny J. Halperin, P.A. 312 S.E. 17th Street, 2nd Floor Ft. Lauderdale, FL 33316 U.S.
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02162004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS INC 201 SOUTH BISCAYNE BLVD STE 1700 MIAMI, FL 33131	
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4. FEI Number 65-0153715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Ronny J. Halperin, P.A.	
Street Address 312 S.E. 17th Street, 2nd Floor	
Ft. Lauderdale, FL 33316	
City FL	Zip Code

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 <i>Ronny Halperin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Ronny Halperin, Pres. <small>(NOTE: Registered Agent signature required when reinstating)</small>
	3/26/04 <small>DATE</small>

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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROQUEFORT, VALERIE 247 S.W. 8th Street #170 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Valerie Roquefort</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4.26.04 (305)807-9888 <small>Date Daytime Phone #</small>
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