

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2007 8:00 am
Secretary of State

02-08-2007 90058 015 ***150.00

DOCUMENT # M54554 1. Entity Name REPRI CORPORATION					
Principal Place of Business 1701 NW 119 ST MIAMI FL 33172 US			Mailing Address 1325 NW 93 CT B-108 MIAMI FL 33172 US		
2. Principal Place of Business - No P.O. Box # 1701 NW 119 ST			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI, FL			City & State		
Zip 33167		Country US		Zip	
Country		4. FEI Number 59-2824793			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIAY, CARLOS 3750 NW 87 AVE STE 100 MIAMI FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, REYNALDO 1325 NW 93 CT B-108 MIAMI FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GONZALEZ, PRISCILLA 1325 NW 93 CT B-108 MIAMI FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 _____ PRESIDENT 02/15/07 305-436-5822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					