


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90001 015 ***150.00

DOCUMENT # M93234
 1. Entity Name
REBULL GROUP, INC.



Principal Place of Business Mailing Address
8982 S.W. 8 TERR. **8982 S.W. 8 TERR.**
MIAMI FL 33174 **MIAMI FL 33174**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0077747 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REBULL, JULIO G., SR.
8982 S.W. 8 TERR.
MIAMI FL 33174

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> Delete
NAME	REBULL, JULIO GONZALEZ SR.	
STREET ADDRESS	8982 S.W. 8 TERR.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	REBULL, GONZALEZ A	
STREET ADDRESS	8982 SW 8TH TERR	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Ana Gonzalez-Rebull* - Ana Gonzalez-Rebull 2-7-06 305-551-6025
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40027837

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

REBULL GROUP, INC.
8982 S.W. 8 TERR.
MIAMI, FL 33174

SUBJECT: ~~REBULL GROUP, INC.~~
Ref. Number: M93234

We have received your document for REBULL GROUP, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams
Document Specialist

Letter Number: 606A00014688