2007 FOR PROFIT CORPORATION. **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000113465

1. Entity Name RENELECT, CORP.



FILED Feb 16, 2007 08:00 AM **Secretary of State**

Principal Place of Business

3420 SW 15 COURT FORT LAUDERDALE, FL 33312 Mailing Address

3420 SW 15 CT

FORT LAUDERDALE, FL 33312



02122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1083492 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

HERNANDEZ, RENE B 3420 SW 15 COURT FORT LAUDERDALE, FL 33312

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its reg	gistered o	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep	pt
	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Re	gistered Age	ent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		9 🗆	\$5.00 May Be Added to Fees	000000638551 02/27/07-80035-018 158.75	
10.	OFFICERS AND DIREC	CTORS					
TITLE Name Street address City-St-Zip	D HERNANDEZ, RENE B 3420 SW 15 COURT FORT LAUDERDALE, FL 33312						
TITLE NAME Street address City-St-Zip							
TITLE Name Street address City-St-Zip					DO	NOT WRITE	

IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP