


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90158 018 ***150.00

DOCUMENT # P01000038774		
1. Entity Name REIXE INC.		

Principal Place of Business 4754 SW 3RD AVE MIAMI, FL 33129	Mailing Address 1754 SW 3RD AVE MIAMI, FL 33129
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50024432



2. Principal Place of Business 3330 SW 18th St Suite, Apt. #, etc.	3. Mailing Address 3330 SW 18th St Suite, Apt. #, etc.
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02212005 Chg-P CR2E034 (10/03)

City & State Miami FL	City & State Miami FL
Zip 33145	Zip 33145
Country Miami, FL	Country Miami, FL

4. FEI Number 65-1098092	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAPELLI, XENIA 4754 SW 3RD AVE MIAMI, FL 33129 3330 SW 18th St Miami FL 33145	
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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, 2005 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. CHAPELLI, XENIA 4754 SW 3RD AVE MIAMI, FL 33129 3330 SW 18th St Miami FL 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RODRIGUEZ, REINOL 4754 SW 3RD AVE MIAMI, FL 33129 3330 SW 18th St Miami FL 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 persons empowered.

SIGNATURE:  DATE: 3/9/05 Daytime Phone: _____