

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000031877

1. Entity Name
RALEX U.S.A., INC.



Principal Place of Business
18605 N.W. 52ND PATH
OPA LOCKA, FL 33055

Mailing Address
18605 N.W. 52ND PATH
OPA LOCKA, FL 33055

FILED

2004 MAY 21 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3032611

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

INFANTES, RAUL
18605 N.W. 52ND PATH
OPA LOCKA, FL 33055

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME INFANTES, RAUL
STREET ADDRESS 18605 N.W. 52ND PATH
CITY-ST-ZIP OPA LOCKA, FL 33055

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500037045535
05/24/04--01079--010 **550.00

**DO NOT WRITE
IN THIS SPACE**

VEM
5/21

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:

RAUL INFANTES
RAUL INFANTES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/13/04

Date

*305
430-9763*

Daytime Phone #