


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000037941	
1. Entity Name RALEX GROUP, INC.	

Principal Place of Business 12840 S.W. 6TH ST. MIAMI, FL 33184	Mailing Address 12840 S.W. 6TH ST. MIAMI, FL 33184
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0423237	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOLEDO, MAYRA 12840 S.W. 6TH ST. MIAMI, FL 33184
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000899821 04/29/08-80004-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLEDO, MAYRA 12840 S.W. 6TH ST. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLEDO, RAPHAEL 12840 S.W. 6TH ST. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV TOLEDO, ALEXANDER C 12840 S.W. 6TH ST. MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TOLEDO, RAY J 12840 S.W. 6TH ST. MIAMI, FL 33184
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.

SIGNATURE: Maysa Toledo MAYA Toledo 4-14-08 786 728 2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #