


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000090242			
1. Entity Name <b>REBEL PROPERTIES, CORP.</b>			
Principal Place of Business <b>4911 N.E. 9TH AVENUE FORT LAUDERDALE FL 33334</b>		Mailing Address <b>4911 N.E. 9TH AVENUE FORT LAUDERDALE FL 33334</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THOMPSON, RAYMOND L 4911 NE 9TH AVE FORT LAUDERDALE FL 33334</b>		Name Street Address (P O. Box Number is Not Acceptable)  City	
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.		<b>FL</b>   Zip Code	



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2173250**  Applied For  Not Applied For

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD THOMPSON, RAYMOND L 4911 N.E. 9TH AVENUE FORT LAUDERDALE FL 33334	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	4911 N.E. 9TH AVENUE	NAME	
CITY - ST - ZIP	FORT LAUDERDALE FL 33334	STREET ADDRESS	
		CITY - ST - ZIP	
TITLE	VSTD THOMPSON, LORENE 4911 N.E. 9TH AVENUE FORT LAUDERDALE FL 33334	TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	4911 N.E. 9TH AVENUE	NAME	
CITY - ST - ZIP	FORT LAUDERDALE FL 33334	STREET ADDRESS	
		CITY - ST - ZIP	
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *[Handwritten Signature]* 16 Feb 07 934 491 3759