

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000092285

1. Entity Name  
REX INVESTMENTS & ASSOCIATE, INC.



**FILED**

**Jan 18, 2006 8:00 A.M.**  
**Secretary of State**

Principal Place of Business

1900 SW 1 STREET  
MIAMI, FL 33135

Mailing Address

1900 SW 1 STREET  
MIAMI, FL 33135

**ADDRESS CHANGE ONLY**

2. Principal Place of Business

2034 SW 143 PL

3. Mailing Address

2034 SW 143 PL



01172006

Chg-P

CR2E034 (11/05)

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

50-0007027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, ORLANDO  
1990 SW 1ST  
MIAMI, FL 33135

**ADDRESS CHANGE  
ONLY**

7. Name and Address of New Registered Agent

Name 2034 SW 143 PL

Street Address (P.O. Box Number is Not Acceptable)

City MIAMI

FL

Zip Code 33175

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME GONZALEZ, ORLANDO  
STREET ADDRESS 1990 SW 1 STREET  
CITY-ST-ZIP MIAMI, FL 33135

**ADDRESS CHANGE  
ONLY**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 2034 SW 143 PL  
STREET ADDRESS MIAMI - FL 33175  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 400065080634  
STREET ADDRESS 02/02/06--01023--014 \*\*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #