


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

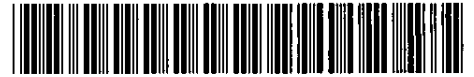
02-08-2007 90132 001 \*\*\*150.00  
 02-08-2007 90132 002 \*\*\*\*\*8.75

**DOCUMENT # P04000018623**

1. Entity Name  
**REX M.M.E., INC.**



Principal Place of Business Mailing Address  
**8254 LONGBAY BLVD 8254 LONGBAY BLVD**  
**SARASOTA FL 34243 SARASOTA FL 34243**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

4. FEI Number **20-0663172** Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**ZACCHINI, OLYMPIA**  
**8254 LONGBAY BLVD**  
**SARASOTA FL 34243**

7. Name and Address of New Registered Agent  
 Name **OLYMPIA ZACCHINI**  
 Street Address (P.O. Box Number is Not Acceptable) **8254 LONGBAY BLVD.**  
 City **SARASOTA** FL Zip Code **34243**

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]* **Pres** DATE **1/30/2007**  
Specialty typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$450.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZACCHINI, OLYMPIA</b>	
STREET ADDRESS	<b>8254 LONGBAY BLVD</b>	
CITY - ST - ZIP	<b>SARASOTA FL 34243</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MELUZZI, CATIA</b>	
STREET ADDRESS	<b>8254 LONGBAY BLVD</b>	
CITY - ST - ZIP	<b>SARASOTA FL 34243</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *[Signature]* **Pres** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR