
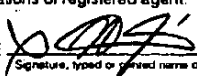



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-12-2005 90147 050 ***150.00

DOCUMENT # P04000106354					
1. Entity Name REXOL ENTERPRISES, INC.					
Principal Place of Business 7450 N.W. 145TH STREET MIAMI LAKES FL 33014			Mailing Address 7450 N.W. 145TH STREET MIAMI LAKES FL 33014		
2. Principal Place of Business 49 NW 41 Ave Suite, Apt. #, etc.		3. Mailing Address 49 NW 41 Ave Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-1200959	
Zip 33126	Country USA	Zip 33126	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSE A 7450 N.W. 145TH STREET MIAMI LAKES FL 33014			7. Name and Address of New Registered Agent Name Jose A Rodriguez Street Address (P.O. Box Number is Not Acceptable) 49 NW 41 Ave City Miami FL Zip Code 33126		
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JOSE A 7450 N.W. 145TH STREET MIAMI LAKES FL 33014 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lopez Bxo M 49 NW 41 Ave Miami FL 33126 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodriguez Jose A 49 NW 41 Ave Miami FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> <small>Daytime Phone #</small>	