2006

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED	
May 05, 2006	8:00 am
Secretary of	State

DOCUI 1. Entity Nan	OCUMENT # P05000103607		05-05-2006 90171 017 ***150.00			
l '	rex Corp.					
				,		
	DO NOT WRITE	IN THIS SPACE				
2. Principal i	Place of Business	3. Mailing Address		40086010		
7300 N Suite, Apt	.W. 19th St. 7300 N.W. 19th St.					
Suite			DO NOT WRITE IN THIS SI	PACE		
City & Star Miami,		City & State Miami, FL		4. FEI Number 20-3206882	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional	
33126-	1222 USA DO NOT WRITE IN T		JSA	7. Name and Address of Current Registered	ee Required Agent	
			Name del Val	lle, Manuel R.		
	Street Address		(P.O. Box Number is Not Acceptable) W. 19th St.			
			Suite 1			
			City Miami	FL.	Zip Code 33126-1222	
8. The above	named entity submits this statemen	t for the purpose of changing		registered agent, or both, in the State of Florida	I 33126-1222	
and accep	of the obligations of registered agent.					
SIGNATURE	**					
	Signature, typed or printed name of regis	tered agent and title if applicable.	(NOTE: Registered A	gent signature required when reinstating)	DATE	
	After May 1, Fee Is \$550.00 Amended UBR is \$61.25			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check 10.	Payable to Florida Department of OFFICERS AND D					
TITLE	D/P		TILE		CR2E034B (12/02)	
NAME STREET ADDRESS	Baez, Margarita Calle 100, #8A-37, Torre A #501 STREET ADDRESS			19 (1		
CITY - ST - ZIP	<u> Boqota,</u> Colombi		CITY - ST - ZIP		E034	
NAME	D/S/T Sanchez, Jairo		TITLE		CR2	
STREET ADDRESS CITY - ST - ZIP	Calle 100, #8A-37, Bogota, Colombi	Torre A #501	STREET ADDRESS			
TITLE	Bogota, Colombi	<u>d</u>	CITY - ST - ZIP			
NAME STREET ADDRESS			NAME			
CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS	SPACE	
TITLE NAME			TILE			
STREET ADDRESS			NAME STREET ADDRESS			
CITY - ST - ZIP	<u> </u>		CITY+ST-ZIP			
NAME			INTE.			
STREET ADORESS CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP			
TITLE			TITLE			
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY - ST - ZIP			CITY - ST - ZIP			
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 on an altachment with an address, with all other like empowered.						
SIGNATURE: Horpanie boes / Margarita Baez April 23-2006 305-477-6116						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

STF FL32381F.1