## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000124517

Entity Name: REBEL LX, INC.

FILED Apr 24, 2007 Secretary of State

6669 BISCAYNE BLVD MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

6669 BISCAYNE BLVD MIAMI, FL 33138

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHWARZ, ROBERT O 9700 S DIXIE HWY STE 1030 MIAMI, FL 33156 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 ABRIL, ALEX
 Name:
 ABRIL, ALEX

 Address:
 11325 SW 77 AVE
 Address:
 5814 SUNSET DRIVE

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 SOUTH MIAMI, FL 33143

Title: DVS () Delete Title: DVS (X) Change () Addition
Name: TIF-SHUE CAMILLE
Name: TIF-SHUE CAMILLE

 Name:
 TIE-SHUE, CAMILLE
 Name:
 TIE-SHUE, CAMILLE

 Address:
 126 ORGUIDEA AVE
 Address:
 5814 SUNSET DRIVE

 City-St-Zip:
 CORAL GABLES, FL 33143
 City-St-Zip:
 SOUTH MIAMI, FL 33143

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 TIE-SHUE, GARY
 Name:
 TIE-SHUE, GARY

 Address:
 10890 SW 68 AVE
 Address:
 5814 SUNSET DRIVE

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 SOUTH MIAMI, FL 33143

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BURSTEIN, ROBERT
 Name:
 BURSTEIN, ROBERT

 Address:
 129 ROSALES CT
 Address:
 5814 SUNSET DRIVE

 City-St-Zip:
 CORAL GABLES, FL 33143
 City-St-Zip:
 SOUTH MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY TIE-SHUE D 04/24/2007