

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90009 025 ***150.00

DOCUMENT # P95000056573

1. Entity Name
RALEX CORPORATION



Principal Place of Business
**8319 NW 66TH STREET
MIAMI, FL 33166 US**

Mailing Address
**FULVIA BARTOLI
8424 NW 56 STREET SUITE CCS 00201
MIAMI, FL 33166 US**

40010002



2. Principal Place of Business - No P.O. Box #
.231 ALTARA AVENUE

3. Mailing Address
231 ALTARA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-P CR2E034 (12/06)

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
65-0606295

Applied For
Not Applicable

Zip
33146

Country
USA

Zip
33146

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARTOLI, FULVIA
8319 N.W. 66TH STREET
MIAMI, FL 33166**

Name

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

231 ALTARA AVENUE

City

CORAL GABLES

FL

Zip Code
33146

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BARTOLI, FULVIA**
STREET ADDRESS **165 MADEIRA AVE**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Fulvia Bartoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1-29-2007

Date

✓ 305-448-1648

Daytime Phone #