

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90210 022 ***150.00

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04252006 Chg-P CR2E034 (11/05)

DOCUMENT # P97000042799					
1. Entity Name RALEX PROPERTIES, INC.					
Principal Place of Business 520 OCEAN BLVD. GOLDEN BEACH, FL 33160			Mailing Address 520 OCEAN BLVD. GOLDEN BEACH, FL 33160		
2. Principal Place of Business 1909 Haverhill Rd. N		3. Mailing Address 1909 Haverhill Rd. N			
Suite, Apt. #, etc. #1		Suite, Apt. #, etc. #1			
City & State W.P.B., FL.		City & State W.P.B., FL.		4. FEI Number 65-0757949	
Zip 33417		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEDER, GLASER H 520 OCEAN BLVD. GOLDEN BEACH, FL 33160			7. Name and Address of New Registered Agent Name Hedy Feder-Glaser Street Address (P.O. Box Number is Not Acceptable) 1909 Haverhill Road North Unit # 1 City W.P.B., FL 33417		
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 Hedy Feder-Glaser DATE 4-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	D FEDER-GLASER, HEDY 18815 NE 21ST AVE. N MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hedy Feder-Glaser 1909 Haverhill Rd. North, #1 W.P.B., FL. 33417	<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		<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 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: Hedy F. Glaser			Date 4-26-06 Daytime Phone # 305-389-0823		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					