2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M39370

City-St-Zip: OCALA, FL 34470

FILED Apr 28, 2009 Secretary of State

Entity Nar	ne: CANEX (CORPORATION			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2121 NE 4	0TH AVE		1602 ALTON ROAD		
OCALA, FI	L 34470 US	6	500 MIAMI BEACH, FL 3313	9 US	
Current M	lailing Addres	ss:	New Mailing Address:		
	_		_		
2121 NE 4 OCALA, FI		6	1602 ALTON ROAD 500		
			MIAMI BEACH, FL 3313	9 US	
FEI Number:	: 59-2734256	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
INTERNATIONAL ACCOUNTING GROUP			CYBEREX INC.		
150 SE 2ND AVENUE			150 SE 2ND AVENUE SUITE 1002	150 SE 2ND AVENUE	
SUITE 1004 MIAMI, FL 33131 US			MIAMI, FL 33131 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: CYBEREX				04/28/2009	
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	DVP () Delete	Title: () Change () Addition	
Name:	ALEXANDER,		Name:		
Address: City-St-Zip:	1602 ALTON R MIAMI BEACH,		Address: City-St-Zip:		
Title:	PS () Delete	Title:) Change () Addition	
Name:	ANSTISS, L) Delete	Name:) Change () Addition	
Address:		/ENUE, SUITE 1004	Address:		
City-St-Zip:	MIAMI, FL 331	31 US	City-St-Zip:		
Title:	,) Delete	· ·) Change () Addition	
Name:	NUH, A	(ENUIS OLUTE 4000	Name:		
Address: City-St-Zip:	MIAMI, FL 331	/ENUE, SUITE 1002 31 US	Address: City-St-Zip:		
Title:	VATS () Delete	Title: () Change () Addition	
Name:	SMEJDA, H	,	Name:	,g- (// sadison	
Address:	2121 N F 40TI	H AVF	Address:		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: ALPAY NUH AST 04/28/2009