


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P0000067513</b> 1. Entity Name <b>NIREX INTERNATIONAL CORPORATION</b>	
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Principal Place of Business <b>20930 N.E. 24TH COURT NORTH MIAMI BEACH FL 33180</b>	Mailing Address <b>20930 N.E. 24TH COURT NORTH MIAMI BEACH FL 33180</b>
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2. Principal Place of Business - No P.O. Box # <i>20930 NE 24th</i>	3. Mailing Address <i>20930 NE 24th</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State <i>North Miami Beach.</i>	City & State <i>North Miami Beach.</i>	4. FEI Number <b>65-1039822</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33180</i>	Country <i>USA</i>	Zip <i>33180</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ZILBERMAN, SAVELY 20930 N.E. 24TH COURT NORTH MIAMI BEACH FL 33180</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 *Savelly Zilberman* *SAVELLY ZILBERMAN MGR* *03/16/07*

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYURIN, ALEKSEY Y 20930 N.E. 24TH COURT NORTH MIAMI BEACH FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000672451 03/28/07-80069-019 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZILBERMAN, SAVELY 2093 NE 24 CT MIAMI FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
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
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
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 Section 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 *Savelly Zilberman* *SAVELLY ZILBERMAN* *03/16/07* *305 9318348*

Date Daytime Phone #