

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P34825**

1. Entity Name  
**TOUAX CORPORATION**



Principal Place of Business

**TOUR ARAGO  
5 RUE BELLINI  
PUTEAUX LA DEFENSE, FRANCE, 92800 FR**

Mailing Address

**801 DOUGLAS AVE  
STE 207  
ALTAMONTE SPRINGS, FL 32714 US**

**DO NOT WRITE IN THIS SPACE**



03262004 No Chg-P CR2E034 (10/03)

4. FE# Number  
**22-2384710**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEBER, TOM  
2137 JACKSONVILLE ST  
FORT MYERS, FL 33916**

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000105095  
04/07/04-80011-008 158.75**

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PC<br>WALEWSKI, ALEXANDRE<br>C#-1936 VERBIER, LE RICHALIEU N14<br>CHEMIN DES VERNES, SW |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEBER, THOMAS<br>2137 JACKSONVILLE ST<br>FORT MYERS, FL 33916                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WALWESKI, FABRICE<br>TOUR ARAGO 5 RUE BELLINI<br>PUTEAUX LA DEFENSE, FR 92800      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WALEWSKI, RAPHAEL<br>TOUR ARAGO 5 RUE BELLINI<br>PUTEAUX LA DEFENSE, FR 92800      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JACKSON, E RAY<br>2240 BELLAIR RD SUITE 190<br>CLEARWATER, FL 33764                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Tom Weber*  
**Tom Weber**

**3-29-04**

Date

**407-774-5551**  
Daytime Phone #