

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90080 018 ***150.00

DOCUMENT # P05000041356

1. Entity Name
AE & X DESIGN INC



Principal Place of Business

**1750 W 39TH PL
1008
HIALEAH, FL 33010**

Mailing Address

**1750 W 39TH PL
1008
HIALEAH, FL 33010**

40099809



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

1614 W 31 PL

3. Mailing Address

1614 W 31 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282007

Chg-P

CR2E034 (12/06)

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

20-0657172

Applied For

Not Applicable

Zip

33012

Country

-

Zip

33012

Country

-

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CONCEPCION, ALEXANDER
1750 W 39TH PL
1008
HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name

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

1614 W 31 PL

City

HIALEAH

FL

Zip Code

33012

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CONCEPCION, ALEXANDER**
STREET ADDRESS **1750 W 39TH PL STE 1008**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE ☒ Change ☐ Addition
NAME **1614 W 31 PL**
STREET ADDRESS **HIALEAH FL 33012**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

PRESIDENT 4-26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #