

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K88855

**Entity Name:** CANADEx CORPORATION

**Current Principal Place of Business:**

2121 NE 40TH AVE  
OCALA, FL 34470

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC8545619869**

**Current Mailing Address:**

1602 ALTON ROAD  
SUITE 100  
MIAMI BEACH, FL 33139

**FEI Number:** 65-0120439

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

EXEX, INC.  
1602 ALTON ROAD  
STE 100  
MIAMI BEACH, FL 33139 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVPA  
Name ANSTISS, L  
Address 1602 ALTON ROAD, STE 100  
City-State-Zip: MIAMI BEACH FL 33139

Title VPAS  
Name NUH, A.  
Address 1602 ALTON RD., #100  
City-State-Zip: MIAMI BEACH FL 33139

Title PTS  
Name SMEJDA, H.  
Address 2121 NE 40TH AVE  
City-State-Zip: Ocala FL 34470

Title AS  
Name SMEJDA, L.  
Address 2121 NE 40TH AVE  
City-State-Zip: Ocala FL 34470

*I hereby 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 all other like empowered.*

**SIGNATURE:** L.SMEJDA

**DIRECTOR**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date