# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P11000036015

#### Entity Name: MEXXOTECH CORPORATION

## **Current Principal Place of Business:**

CO SCHENK & ASSOCIATES, PLC 999 BRICKELL AVE., STE. 820 MIAMI, FL 33131

# **Current Mailing Address:**

CO SCHENK & ASSOCIATES, PLC 999 BRICKELL AVE., STE. 820 MIAMI, FL 33131 US

# FEI Number: 45-1603981

### Name and Address of Current Registered Agent:

SCHENK & ASSOCIATES, PLC 999 BRICKELL AVE., STE. 820 MIAMI, FL 33131 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.

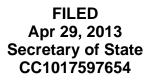
| SIGNATURE                 | : MAXIMILIAN SCHENK MGMR                 |                 |                                 | 04/29/2013 |
|---------------------------|--|-----------------|---------------------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                                 | Date       |
| Officer/Director Detail : |  |                 |                                 |            |
| Title                     | DIRECTOR, PRESIDENT                      | Title           | DIRECTOR, VP                    |            |
| Name                      | ALRAUN, MARKUS                           | Name            | KOLLER, SYLVIA                  |            |
| Address                   | SEGELHALDE 10C                           | Address         | 15 ROYAL PALM WAY               |            |
| City-State-Zip:           | BADEN/DAETTWIL CH 54-05                  | City-State-Zip: | UNIT 501<br>BOCA RATON FL 33432 |            |
|                           |  |                 |                                 |            |

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.

PRESIDENT

### SIGNATURE: MARKUS ALRAUN

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

04/29/2013

Date