

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093449

Entity Name: ALEXTON FINANCIAL USA, INC.**Current Principal Place of Business:**4103 CARRIAGE DRIVE, #H-3
POMPANO BEACH, FL 33069**Current Mailing Address:**4103 CARRIAGE DRIVE, #H-3
POMPANO BEACH, FL 33069**FEI Number:** 65-0630434**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HOFFMANN, MARIA
4103 CARRIAGE DRIVE, #H-3
H-3
POMPANO BEACH, FL 33069 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:** MARIA HOFFMANN

03/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	HOFFMAN, SILVIA
Address	4103 CARRIAGE DRIVE, #H-3
City-State-Zip:	POMPANO BEACH FL 33069

Title	PRESIDENT
Name	HOFFMANN MIJARES, MARIA M
Address	4103 CARRIAGE DRIVE, #H-3
City-State-Zip:	POMPANO BEACH FL 33069

Title	TREASURER
Name	HOFFMANN MIJARES, FEDERICO
Address	4103 CARRIAGE DRIVE, #H-3
City-State-Zip:	POMPANO BEACH FL 33069

Title	D
Name	HOFFMAN MIJARES, LEOPOLDO
Address	4103 CARRIAGE DRIVE, #H-3
City-State-Zip:	POMPANO BEACH FL 33069

Title	D
Name	HOFFMANN MIJARES, CECILIA
Address	4103 CARRIAGE DRIVE, #H-3
City-State-Zip:	POMPANO BEACH FL 33069

Title	D
Name	HOFFMANN DE PASSARO, MARISELA
Address	4103 CARRIAGE DRIVE, #H-3
City-State-Zip:	POMPANO BEACH FL 33069

Title	VP
Name	HOFFMAN, JOSE
Address	4103 CARRIAGE DRIVE, H-3
City-State-Zip:	POMPANO BEACH FL 33069

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: MARIA M HOFFMANN MIJARES

PRESIDENT

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date