

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000001267**

1. Entity Name  
**CAPEX CAPITAL INC.**



Principal Place of Business  
**625 RENE LEVESQUE BLVD W SUITE 1700  
MONTREAL, QUEBEC  
CANADA H3B 1R2,**

Mailing Address  
**625 RENE LEVESQUE BLVD W SUITE 1700  
MONTREAL, QUEBEC  
CANADA H3B 1R2,**

**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ANDERSON, WENDY R  
100 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801-4081**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000295296  
04/09/05-80021-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
RICHER, JACK  
625 RENE LEVESQUE BLVD. W, SUITE 1700  
MONTREAL, QUEBEC,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
CAPLAN, GARY V  
233 NEEDHAM STREET, STE 300  
NEWTON, MA 024641502**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**514.861.1125**