2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000001267

1. Entity Name
CAPEX CAPITAL INC.

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

U00000444619
03/07/06-80007-025 150.00

DO NOT WRITE IN THIS SPACE

01122006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHER, JACK
STREET ADDRESS	625 RENE LEVESQUE BLVD. W, SUITE 1700
CITY-ST-ZIP	MONTREAL, QUEBEC,
TITLE	ST
NAME	CAPLAN, GARY V
STREET ADDRESS	233 NEEDHAM STREET, STE 300
CITY-ST-ZIP	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	

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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: Gary J Caplan. 617 338-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #