


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90383 010 ***150.00

DOCUMENT # F02000002064 1. Entity Name MIXSON CORPORATION					
Principal Place of Business 7635 W. 28TH AVE HIALEAH FL 33016				Mailing Address 7635 W. 28TH AVE HIALEAH FL 33016	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 75-2674927				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRIEDMAN, ANDREW R 5355 TOWN CENTER RD., STE. 801 BOCA RATON FL 33486			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	COO MCCLOSREY, RICHARD 2110 CHESTNUT FOREST DR TAMPA FL 33018 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	COO Bruce K. Siddle 7645 magna drive suite 101 Belleville, IL 62223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BERCOON, MARC E 3500 MAGELLAN CIR., #715 AVENTURA FL 33180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Director of operations Tracy Thi Horbison 7645 magna drive suite 101 Belleville IL 62223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D O'CONNELL, GERALD F 103 CLEARVIEW LN. NEW CANAAN CT 06840 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BEDOWITZ, STEVE 4721 TREE FERN DELRAY BEACH FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	Operations Manager Sughey Argenal 7635 W. 28th Avenue Hialeah, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Operations Manager Sughey Argenal 7635 W. 28th Ave Hialeah, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Sughey Argenal</u> - Sughey Argenal 3/29/06 305-821-5190					