

**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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **75-2674927**  
Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FRIEDMAN, ANDREW R  
5355 TOWN CENTER RD., STE. 801  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: **FL** Zip Code: \_\_\_\_\_

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 re-instating) 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:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: <b>COO</b> NAME: <b>MCCLOSREY, RICHARD</b> STREET ADDRESS: <b>2110 CHESTNUT FOREST DR</b> CITY-ST-ZIP: <b>TAMPA FL 33018</b>	<input checked="" type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>BERCOON, MARC E</b> STREET ADDRESS: <b>3500 MAGELLAN CIR., #715</b> CITY-ST-ZIP: <b>AVENTURA FL 33180</b>	<input type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>O'CONNELL, GERALD F</b> STREET ADDRESS: <b>103 CLEARVIEW LN.</b> CITY-ST-ZIP: <b>NEW CANAAN CT 06840</b>	<input type="checkbox"/> Delete
TITLE: <b>D</b> NAME: <b>BEDOWITZ, STEVE</b> STREET ADDRESS: <b>4721 TREE FERN</b> CITY-ST-ZIP: <b>DELRAY BEACH FL 33445</b>	<input type="checkbox"/> Delete
TITLE: <b>Operations Manager</b> NAME: <b>Sughey Argenal</b> STREET ADDRESS: <b>7635 W. 28th Avenue</b> CITY-ST-ZIP: <b>Hialeah, FL 33016</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>COO</b> NAME: <b>Bruce K. Siddle</b> STREET ADDRESS: <b>7645 Magna drive Suite 101</b> CITY-ST-ZIP: <b>Belleville, IL 62223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: <b>Director of operations</b> NAME: <b>Tracy Thi Horbison</b> STREET ADDRESS: <b>7645 Magna drive Suite 101</b> CITY-ST-ZIP: <b>Belleville IL 62223</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Operations Manager</b> NAME: <b>Sughey Argenal</b> STREET ADDRESS: <b>7635 W. 28th Ave</b> CITY-ST-ZIP: <b>Hialeah, FL 33016</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Sughey Argenal - Sughey Argenal 3/29/06 305-821-5190  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #