

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90043 046 \*\*\*150.00

**DOCUMENT # F04000003960**

1. Entity Name  
PROLEXIC TECHNOLOGIES, INC.



Principal Place of Business  
1930 HARRISON STREET  
SUITE 403  
HOLLYWOOD, FL 33020

Mailing Address  
1930 HARRISON STREET  
SUITE 403  
FORT LAUDERDALE, FL 33020

**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1270614

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

LASLOP, KEITH  
1930 HARRISON STREET  
403  
HOLLYWOOD, FL 33020

**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

*Keith Laslop / x Keith Laslop*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/27/08*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREEN, BRIAN 1930 HARRISON STREET, SUITE 403 HOLLYWOOD, FL 33020	<i>Please Remove</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO RENNICK, DARREN M 1930 HARRISON STREET, SUITE 403 HOLLYWOOD, FL 33020	<i>Please Remove</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO LASLOP, KEITH E 1930 HARRISON STREET, SUITE 403 HOLLYWOOD, FL 33020	<i>Please Remove</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director and CEO STONE, ROGER 1930 HARRISON ST., Suite 403 Hollywood, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Gonzalez, Jaime Enrique 34F Tower 11 RCB Plaza 4819 Ayala Avenue, MAKATI City Philippines, 1200	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Keith Laslop / x Keith Laslop*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/27/08*

Date

*954-736-0617*

Daytime Phone #