2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F93718 1. Entity Name AMAREX SERVICES, INC. Principal Place of Business Mailing Address 13502 SW 102 LN PO BOX 22692 C/O ROBERT DEAN MIAMI, FL 33186 FT LAUDERDALE, FL 33335

FILED Mar 02, 2007 08:00 A Secretary of State

No Chg-P CR2E034 (11/05) 02262007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2208587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAN, ROBERT M DO NOT WRITE 13502 SW 102 LN MIAMI, FL 33186 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 T (9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DEAN, ROBERT M NAME STREET ADDRESS PO BOX 22692 MIAMI, FL 33335 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 free 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR