2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G97188

1. Entity Name
TEXON, INC.

Principal Place of Business	Mailing Address
13501 SW 128TH ST. 216 MIAMI, FL 33186 US	13501 SW 128TH STREET SUITE 216 MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

02042008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2394938	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

MONDINO, GIUILLERMO
12331 SW 98TH STREET
MIAMI, FL 33186

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 _____

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

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10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MONDINO, GUILLERMO
STREET ADDRESS	12331 SW 98TH STREET
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	VPD
NAME	MONDINO, OSCAR
STREET ADDRESS	10520 SW 130TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #