

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # J56355
1. Entity Name MEXIFORT, INC.



FILED

11 JUN 10 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
7350, S. TAMiami TrL
Suite, Apt. #, etc. 244
City & State SARASOTA
Zip FL Country 34231

3. Mailing Address
7350, S. TAMiami TrL
Suite, Apt. #, etc. 244
City & State SARASOTA
Zip FL Country 34231

CR2E034B (1/11)

4. FEI Number 0000000000 Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name S. OBEROI
Street Address (P.O. Box Number is Not Acceptable)
7350, S. TAMiami TrL
#244
City SARASOTA FL Zip Code 34231

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 S. Oberoi DATE 6/5/11
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S. OBEROI</u> <u>7350, S. TAMiami TrL</u> <u>#244, SARASOTA, FL</u> <u>34231</u>
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: S. Oberoi DATE 6/5/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR