

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K46186**

1. Entity Name  
**CAREERXCHANGE, INC.**



Principal Place of Business  
**10689 N KENDALL DR  
STE 209  
MIAMI, FL 33176**

Mailing Address  
**10689 N KENDALL DR  
STE 209  
MIAMI, FL 33176**



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0086930**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**HODES, SUZANNE  
1110 WATERBROOK LANE  
FT LADUERDAEL, FL 33326**

**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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ROMANOS, SUZANNE S.
STREET ADDRESS	1843 WATER RIDGE DR
CITY-ST-ZIP	WESTON, FL 33326
TITLE	DVP
NAME	HODES, SUZANNE K.
STREET ADDRESS	1110 WATERBROOK LN
CITY-ST-ZIP	WESTON, FL 33326
TITLE	V
NAME	ALONSO, NICASIO JR
STREET ADDRESS	11830 SW 83RD CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000925210  
05/20/08-80017-011 150.00

**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 #