



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90033 018 ***158.75

DOCUMENT # M54295 1. Entity Name THE HEXAD COMPANIES						
Principal Place of Business C/O JORGE F. GONZALEZ 13153 S.W. 15TH LANE MIAMI, FL 33184			Mailing Address C/O JORGE F. GONZALEZ 13153 S.W. 15TH LANE MIAMI, FL 33184			
2. Principal Place of Business 8000 S.W. 81 DRIVE Suite, Apt. #, etc. # 301 City & State MIAMI, FL. Zip 33143 Country U.S.A.		3. Mailing Address 8000 S.W. 81 DRIVE Suite, Apt. #, etc. # 301 City & State MIAMI, FL. Zip 33143 Country U.S.A.				
4. FEI Number 65-0019625		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GONZALEZ, JORGE F. 8000 SW 81 DR #301 MIAMI, FL 33143			7. Name and Address of New Registered Agent Name ALICIA FLORA Street Address (P.O. Box Number is Not Acceptable) 8000 S.W. 81 DR. # 301 MIAMI, FL. City FL Zip Code 33143			
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 <u><i>Alicia Flora</i></u> PD ALICIA FLORA 2-14-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, JORGE F. 8000 SW 81 DR. #301 MIAMI, FL 33143		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORA, ALICIA 8000 SW 81 DR. #301 MIAMI, FL 33143		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	.		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Alicia Flora</i></u> ALICIA FLORA 2-14-05 305-274-2097 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						