

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90010 038 \*\*\*150.00

<b>DOCUMENT # M65138</b> 1. Entity Name <b>RUXAN, INC.</b>					
Principal Place of Business <b>C/O ROBERT BRODY, ESQ.</b> <b>1601 FORUM PLACE</b> <b>WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>C/O ROBERT BRODY, ESQ.</b> <b>1601 FORUM PLACE</b> <b>WEST PALM BEACH, FL 33401 US</b>		
2. Principal Place of Business <b>2141 Alternate A-1-A, S</b>		3. Mailing Address <b>2141 Alternate A-1-A, S.</b>			
Suite, Apt. #, etc. <b>Suite 330</b>		Suite, Apt. #, etc. <b>Suite 330</b>			
City & State <b>Jupiter, FL</b>		City & State <b>Jupiter, FL</b>			
Zip <b>33477</b>		Country <b>USA</b>		4. FEI Number <b>58-1774505</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BRODY, ROBERT</b> <b>1601 FORUM PLACE</b> <b>CENTURION TOWER</b> <b>WEST PALM BCH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Brody, Robert</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 Clematis Street</b> Suite 201 City <b>West Palm Beach, FL</b> Zip <b>33401</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FROMER, ROBERT L. 227 DOCK LANE KINGS PT, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FROMER, ANN R. 227 DOCK LANE KINGS PT, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FROMER, TONY 5 POND RD. KINGS POINT, NY	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <b>Robert Fromer</b> <b>3/4/2005 (561) 575-4771</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					