2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 12, 2004 8:00 am **Secretary of State** DOCUMENT # P00000047951 1. Entity Name 03-12-2004 90026 017 ***150.00 LEXA METAL, INC. Principal Place of Business Mailing Address 1701 NW 31 AVENUE FORT LAUDERDALE FL 33311 1701 NW 31 AVENUE SUITE 103 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0390818 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AXEL, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 1701 NW 31 AVENUE FORT LAUDERDALE FL 33311 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition AXEL, STEVEN NAME NAME 7916 N.W. 83 RC STREET STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ŢITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 12. I hereby certify that the information n supplied with this filing does not qualify for indicated on this report supply of the corporation or the received changed, or on an attention of the received changed, or on an attention of the received changed. all have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if mental report is true and accurate and

FILED

Daytime Phone #