


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED  
Jan 31, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P00000067513**  
1. Entity Name  
**NIREX INTERNATIONAL CORPORATION**



Principal Place of Business      Mailing Address  
**20930 N.E. 24TH COURT  
NORTH MIAMI BEACH FL 33180**      **20930 N.E. 24TH COURT  
NORTH MIAMI BEACH FL 33180**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)  
4. FEI Number      **65-1039822**      Applied For  
Not Applicable  
5. Certificate of Status Desired            \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**ZILBERMAN, SAVELY  
20930 N.E. 24TH COURT  
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      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 *Savely Zilberman* **SAVELY ZILBERMAN MGR**      012506  
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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TYURIN, ALEKSEY Y	
STREET ADDRESS	20930 N.E. 24TH COURT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ZILBERMAN, SAVELY	
STREET ADDRESS	2093 NE 24 CT	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000411222  
02/09/06-80068-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Savely Zilberman* **SAVELY ZILBERMAN MGR**      012506      205 681 8348