


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 08:00 AM
Secretary of State

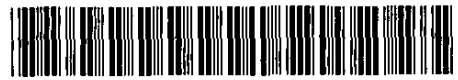
DOCUMENT # P0000067513

1. Entity Name
NIREX INTERNATIONAL CORPORATION



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

Mailing Address
**20930 N.E. 24TH COURT
 NORTH MIAMI BEACH FL 33180**



2. Principal Place of Business - No P.O. Box #
20930 NE 24th

3. Mailing Address
20930 NE 24th

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
North Miami Beach

City & State
North Miami Beach

Zip
33180

Country
USA

4. FEI Number **65-1039822**

Applied For
 Not Applicable

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

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 *Savelly Zilberman* **SAVELY ZILBERMAN MGR** **03/16/07**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when resigning.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000672451 03/28/07-80069-019 150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 *Savelly Zilberman* **SAVELY ZILBERMAN** **03/16/07** **305 9318348**

Date Daytime Phone #