


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # 90000067513
1. Entity Name
Nirex International Corporation



FILED
11 JUN -1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #
20930 NE 24th Ct.
Suite, Apt. #, etc.

3. Mailing Address
20930 NE 24th Ct.
Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
N. Miami Bch, FL

City & State
N. Miami Bch, FL

4. FEI Number 651039822

Applied For
Not Applicable

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

Zip 33180 Country

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7. Name and Address of Current Registered Agent

Name Savely Zilberman

Street Address (P.O. Box Number is Not Acceptable)
20930 NE 24th Ct.

City N. Miami Bch FL Zip Code 33180

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

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

E-mail Address: besttax1040@yahoo.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aleksey Y Tyurin 20930 NE 24th Ct. N. Miami Bch, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Savely Zilberman 20930 NE 24th Ct. N. Miami Bch, FL 33180
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.136, F.S.

SIGNATURE: Aleksey Y Tyurin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/11

DATE

(305) 949-3873

Daytime Phone #