

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000098023

FILED
May 01, 2003
Secretary of State

Entity Name: ADOXEN, CORP.

Current Principal Place of Business:

612 ANDERSON CIRCLE
105
DEERFIELD BEACH, FL 33441 US

Current Mailing Address:

612 ANDERSON CIRCLE
105
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

4264 SUSSEX AVE
LAKE WORTH, FL 33461 US

New Mailing Address:

4264 SUSSEX AVE
LAKE WORTH, FL 33461 US

FEI Number: 65-1143506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
3929 N FEDERAL HWY
POMPAHO BEACH, FL 33064

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARO, LOSE L
Address: 612 ANDERSON CIRCLE #105
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: V () Delete
Name: PARO, MARILDA P
Address: 612 ANDERSON CIRCLE #105
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: V () Delete
Name: PARO, RODRIGO P
Address: 612 ANDERSON CIRCLE #105
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T (X) Delete
Name: PARO, RAFAEL G
Address: 612 ANDERSON CIRCLE #105
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARO, JOSE L
Address: 4264 SUSSEX AVE
City-St-Zip: LAKE WORTH, FL 33461

Title: V (X) Change () Addition
Name: PARO, MARILDA P
Address: 4264 SUSSEX AVE
City-St-Zip: LAKE WORTH, FL 33461

Title: T (X) Change () Addition
Name: PARO, RODRIGO P
Address: 4264 SUSSEX AVE
City-St-Zip: LAKE WORTH, FL 334461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE LUIZ PARO

P

05/01/2003

Electronic Signature of Signing Officer or Director

Date