

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90070 049 \*\*\*150.00

**DOCUMENT # P01000104978**

1. Entity Name  
**VEXEL, INC.**



40030002

Principal Place of Business  
**3896 SW 107 AVE  
MIAMI, FL 33165**

Mailing Address  
**3896 SW 107 AVE  
MIAMI, FL 33165**

2. Principal Place of Business

**11877 SW 38 TER**

Suite, Apt. #, etc.

3. Mailing Address

**11877 SW 38 TER**

Suite, Apt. #, etc.

03042005

Chg-P

CR2E034 (10/03)

City & State

**MIAMI FLA**

City & State

**MIAMI FL**

4. FEI Number

**65-1152479**

Applied For

Not Applicable

Zip

**33175**

Country

**USA**

Zip

**33175**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BENITEZ, ALICIA CPA  
3896 SW 107 AVE  
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name

**ALICIA BENITEZ CPA**

Street Address (P.O. Box Number is Not Acceptable)

**11877 SW 38 TER**

City

**MIAMI**

FL

Zip Code

**33175**

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-4-05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **VIDELA, MARTA**  
STREET ADDRESS **COLON 4040**  
CITY-ST-ZIP **MAR DEL PLATA,**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**318105**

Date

Daytime Phone #