


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000099181</b> 1. Entity Name <b>TIREX INTERNATIONAL, INC.</b>					
Principal Place of Business <b>P.O. BOX 144484</b> <b>CORAL GABLES FL 33114-4484</b>			Mailing Address <b>P.O. BOX 144484</b> <b>CORAL GABLES FL 33114-4484</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>52-2379139</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For          Not Applicable       </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ORSONEZ, SANTANDER B</b> <b>1840 W 49TH ST 220-4</b> <b>HIALEAH FL 33012</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;"><small>DATE</small></div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE PRAT, DOLORES P.O. BOX 144484 CORAL GABLES FL 33114-4484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>U00000252402</b>  <b>03/05/05-80026-014 158.75</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DE PRAT, ALVARO P.O. BOX 144484 CORAL GABLES FL 33114-4484	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
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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.					
<b>SIGNATURE:</b> <u>ALVARO DE PRAT</u> <b>2/25/05 305 461 2034</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"><small>Date Daytime Phone #</small></div>					



1st MOORE CR2E034 (10/04)