## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 04, 2005 8:00 am Secretary of State 04-04-2005 90053 034 \*\*\*150.00

DOCUMENT # P02000131548  1. Entity Name VEXAN, INC.					01-01-2003		
Principal Place	e of Business	Mailing Address			40022	001	
3896 SW 107 AVE 3896 SW 107 AVE							
MIAMI, FL 33165 MIAMI, FL 331							
,				1 (62)(62)	 	-	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address				
•	SW 38 TER	11877 5W 38 TER			II SDILU IIDII BDILI GOM ABA	I BERE IIIRI KERKENIK BINK DIDUK IDI	INNI II INNI
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	02282005	Chg-P	CR2E034 (10/03)	
City & Stati	e	City & State		4. FEI Numb			plied For
HIAM	FY Company	HIAHI FL	Country	NOI AI	PPLICABLE 55		t Applicable
Zip ·	Country	Zip 33175	Country	5. Certificate	of Status Desired	S8.75 Add	
33175	6. Name and Address of Current		<u>us a</u>	7. Name and	d Address of New Re	<u>-</u>	
Name							
ALICIA BENITEZ CPA, PA				ALICIA BENITEZ CPA PA			
3896 SW 1		Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33165							
			City			- Zin Cod	
			City	н.		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  Signature Need or to the home of the project and the fill of applicable (NOTE: Registered Agent supply) required when (enhanced)  PATE							
Signative, typed or professional equivaled applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTORS	3 IN 11
TITLE	Р	☐ Delete	TITLE			Change	Addition
NAME	CAPIRONE, JORGE R		NAME				
STREET ADDRESS	3896 SW 107 AVE	•	STREET ADDRESS	11877 SW	38 TER		
CITY-ST-ZIP	MIAMI, FL 33165			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			)
TITLE			CITY-ST-ZIP	HIAMI F	27/56		
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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: JORGE CAPTRONE - OFFICER
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR