2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2007 08:00 AN Secretary of State DOCUMENT # P03000015953 TREXER CORPORATION Principal Place of Business Mailing Address 201 S BISCAYNE BLVD 2655 LEJEUNE RD STE 408 STE 2000 CORAL GABLES, FL 33134 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 01232007 Chg-P CR2E034 (12/06) City & State City & State 4. FELNumber Applied For 04-3740769 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUERBACH, MARC H ESQ. Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD STE 2000 MIAMI, FL 33131 City 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 typed or printed name of registered agent and title if applicable, (NOTE Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 PD TITLE TITLE □ Delete ☐ Change ☐ Addition NARCISO, JUAN A NAME NAME STREET ADDRESS 2655 LEJEUNE RD # 408 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE ☐ Delete Change Addition U00000719198 05/01/07-80053-021 150.00 NAME NARCISO, ENRIQUE NAME 2655 LEJEUNE RD # 408 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-7IP TITLE VD Delete TITLE [] Addition ☐ Change NAME TASCHINI, MARCO NAME 2655 LEJEUNE RD # 408 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as 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 of 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 the empowered.

NARCYS

ENRIQUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

Daytime Phone #