

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90037 045 ***150.00

DOCUMENT # P03000117244

1. Entity Name

NUXE, INC.



Principal Place of Business

2070 NORTHWEST 29TH STREET
FORT LAUDERDALE FL 33311-2128

Mailing Address

2070 NORTHWEST 29TH STREET
FORT LAUDERDALE FL 33311-2128

2. Principal Place of Business - No P.O. Box #

2800 WEST STATE RD 84

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite 127

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

DANIA, FLORIDA

City & State

4. FEI Number

14-1898801

Applied For

Not Applicable

Zip

33312

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATES, ELIZABETH J ESO.
4411 NORTHWEST TENTH STREET
POMPANO BEACH FL 33066

7. Name and Address of New Registered Agent

Name

NUXE / ALEX. AUBRY

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

2800 WEST STATE RD 84

City

DANIA

FL

Zip Code

33312

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 Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME JABES, ALIZA
STREET ADDRESS 64 RUE PIERRE CHARON
CITY-ST-ZIP 75008 PARIS, FRANCE

TITLE PT ☐ Delete
NAME COHEN, ILHAN
STREET ADDRESS 73 FIFTH AVENUE
CITY-ST-ZIP NEW YORK NY 10003

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

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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 exemptions contained in Section 119, 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

4/25/08

Date

954-321-5843

Daytime Phone #