
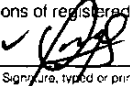
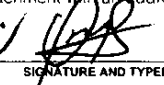


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90080 012 ***150.00

DOCUMENT # P03000153535					
1. Entity Name ALEXI CORP					
Principal Place of Business 9300 SW 8TH STRET SUITE 412 BOCA RATON, FL 33428 US			Mailing Address 9300 SW 8TH STRET SUITE 412 BOCA RATON, FL 33428 US		
2. Principal Place of Business - No P.O. Box # 12778 SW 17 TER.		3. Mailing Address 12778 SW 17 TER			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL.		City & State MIAMI, FL			
Zip 33175		Country USA		Zip 33175	
		Country USA		03062007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-0496902				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAX HOUSE CORPORATION 1261 E SAMPLE ROAD POMPAHO BEACH, FL 33064			Name JORGE HERNANDEZ VALDES Street Address (P.O. Box Number is Not Acceptable) 12778 SW 17 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 				DATE 3-6-07	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ-VALDES, ALEXIS <input checked="" type="checkbox"/> Delete 9300 SW 8TH STRET SUITE 412 BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ACOSTA RODRIGUEZ, HANDSEH 9300 SW 8TH STRET SUITE 412 BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete HERNANDEZ VALDES, JORGE 12778 SW 17TH TERRACE MIAMI, FL 33175		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JORGE HERNANDEZ VALDES 12778 SW 17 TER MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Jorge Hernandez Valdes 3-6-07 305-804-3551					
Signature and typed or printed name of signing officer or director Date Daytime Phone #					