2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000035405**

i. Entity Name

XENEX INTERNATIONAL CORPORATION



FILED Jan 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

393 FLAMINGO DRIVE VENICE, FL 34285 393 FLAMINGO DRIVE VENICE, FL 34285



## DO NOT WRITE IN THIS SPACE

01172006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

22-3429141

Not Applicable

5 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEIJENS, PIETER G 393 FLAMINGO DRIVE VENICE, FL 34285

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pations of registered agent.	urpose of changin	ng its registered o	ffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	(annifrable	CALCATE: Province And	nt eignatum	required when reinstaling)	DATE
	Signature, typed or printed name or registered agent and size		those nations on use	a signerun	sedanos muon remeanigi	B****
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. HEIJENS, PIETER G 393 FLAMINGO DRIVE VENICE, FL 34285			400000333653 61725706 80030-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						111/52/00 80030-013 120°00"
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS 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 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 SECNING OFFICER OR DIRECTOR

1/17/2006

Q \( \frac{1}{2} \) \( \frac{1} \) \( \frac{1}{2} \) \( \frac{1}{2} \) \( \frac{1}{2