

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059461

Entity Name: ALEX FILTRATION, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

12176 SW 251 TERRACE
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

12176 SW 251 TERRACE
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 20-0972565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLAR, ALEJANDRO
12176 SW 251 TERRACE
HOMESTEAD, FL 33032 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLAR, ALEJANDRO
Address: 12176 SW 251 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOLER, ALEJANDRO
Address: 12176 SW 251 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

Title: P () Change (X) Addition
Name: SOLER, MARGARITA
Address: 12176 S/W 251 TERR
City-St-Zip: HOMESTEAD, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARITA SOLER

P

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date