

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90049 032 ***150.00

DOCUMENT # P04000139310

1. Entity Name
LEXYLOU, INC.



Principal Place of Business
**8380 SANDS PT BLVD #J-105
TAMARAC, FL 33321**

Mailing Address
**8380 SANDS PT BLVD #J-105
TAMARAC, FL 33321**

50055911



2. Principal Place of Business
2717 W. Cypress Creek Rd.

3. Mailing Address
2717 W. Cypress Creek Rd.

Suite, Apt. #, etc.
Suite 802

Suite, Apt. #, etc.
Suite 802

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33309

Country
USA

Zip
33309

Country
USA

05242005 Chg-P CR2E034 (10/03)

4. FEI Number
87-0748236

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES
526 E PK AVE
TALLAHASSEE, FL 32301-2551**

7. Name and Address of New Registered Agent

Name
Richard Goldstone, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2717 W. Cypress Creek Rd., #800

City
Ft. Lauderdale **FL** Zip Code
33309

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 *Richard Goldstone*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/26/05

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAMOLVATHIN, CHRISTIAN
8380 SANDS PT BLVD #J-105
TAMARAC, FL 33321** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARK SOMERS
2717 W.CYPRESS CREEK RD., #802
FT. LAUDERDALE, FL 33309** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MICHAEL SOMERS
2717 W.CYPRESS CREEK RD., #802
FT. LAUDERDALE, FL 33309** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Mark Somers* **MARK SOMERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/05 **954-935-1411**

Date Daytime Phone #