
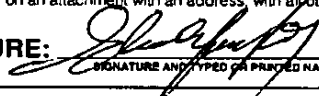


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90101 022 \*\*\*150.00

|  |   |   |   |
|--|---|---|---|
| <b>DOCUMENT # P05000023967</b>   |   |    |   |
| 1. Entity Name<br>GEXFIX USA, INC.   |   |   |   |
| Principal Place of Business<br>1200 CLINT MOORE ROAD, STE. #1<br>BOCA RATON, FL 33487 US   |   | Mailing Address<br>1200 CLINT MOORE ROAD, STE. #1<br>BOCA RATON, FL 33487 US  |   |
| 2. Principal Place of Business<br>6600 W. ROGERS CIRCLE<br>SUITE 1<br>BOCA RATON, FL<br>33487-2805 US  |   | 3. Mailing Address<br>6600 W. ROGERS CIRCLE, SUITE 1<br>BOCA RATON, FL<br>33487-2805 US   |   |
| 4. FEI Number<br>20-2347745  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   | 01182008 Chg-P CR2E034 (11/05)  |   |
| 6. Name and Address of Current Registered Agent<br>IMPROTA, CATERINA E<br>1200 CLINT MOORE ROAD, STE. #1<br>BOCA RATON, FL 33487   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>6600 W. ROGERS CIRCLE<br>SUITE 1<br>City BOCA RATON FL Zip Code 33487-2805 |   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PRES<br>IMPROTA, LUCIO<br>1200 CLINT MOORE ROAD, STE. #1<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6600 W. ROGERS CIRCLE STE 1<br>BOCA RATON, FL 33487 - 2805  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SECR<br>IMPROTA, CATERINA E<br>1200 CLINT MOORE ROAD, STE. #1<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6600 W. ROGERS CIRCLE, STE 1<br>BOCA RATON, FL 33487 - 2805 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |   | CATERINA E. IMPROTA 01-20-06 561-8270906  |   |



ATTACHMENT

66004624

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2006

GEXFIX USA, INC.  
6600 W ROGERS CIR  
STE 1  
BOCA RATON, FL 33487-2805 US

Subject: GEXFIX USA, INC.

Reference Number: P05000023967

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM  
ANNUAL REPORTS SECTION

*corrected*