## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2008 08:00 All Secretary of State

DOCUMENT # P05000047143  1. Entity Name DEXAN GROUP, INC.						Secretary of St
Principal Place		Mailing Address				
11877 SW 38 MIAMI, FL 33		11877 SW 38 TER Miami, FL 33175 US				
	CESSED IN A CESSES					
				03092008	No Chg-P	CR2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		Applied For
				20-359	/503 of Status Desired	Not Applicable  \$8.75 Additional
1919年	6. Name and Address of Current Re	clistered Agent	HARLETTE	a. Certificate	Or Status Desired	Fee Required
		Biotolog Again				
11877 SW				DO	NOT W	RIE
MIAMI, FL	33175			IN	THIS SF	ACE
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						
SIGNATURE.	Signature, typed or printed name of registered agent an	titie if applicable (NOTE Register	ed Agent signature require	d when reinstating)	HOOM	DATE 20050761
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution		5.00 May Be ded to Fees	04/28/0	8-80010-016 150.00
10.	OFFICERS AND D	IRECTORS				
TITLE NAME	P CAPIRONE, JORGE E				Professional Confession (Confession Confession Confessi	
STREET ADDRESS	11877 SW 38 TER					
TITLE	MIAMI, FL 33175					
NAME STREET ADORESS						
CITY-ST-ZIP						
TITLE						
STREET ADDRESS					NOT V	VRITE :
CITY-SI-ZIP					NOT V THIS S	
TITLE NAME					1 HIS S	FACE
STREET ADDRESS CITY - ST - ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP						

12. I hereby centry that the information supplied with this filing does not quality 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/00 (305) 249 5754