

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000056534**

1. Entity Name  
**LEXI MEDICAL CORP.**



Principal Place of Business  
**1985 S. OCEAN DRIVE  
16N  
HALLANDALE, FL 33009 US**

Mailing Address  
**1985 S. OCEAN DRIVE  
16N  
HALLANDALE, FL 33009 US**



02052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2679937</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**DEL REY, WALDO  
1985 S. OCEAN DRIVE  
16N  
HALLANDALE BEACH, FL 33009**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL REY, WALDO 1985 S. OCEAN DRIVE, 16N HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DEL REY, ALICIA 1985 S. OCEAN DRIVE, 16N HALLANDALE, FL 33009
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05/09/07-80076-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

*Waldy*  
**WALDO DEL REY**

*President*

*4/23/07*