2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED 4 May 17, 2006 8:00 am Secretary of State

DOCUMENT # P05000087631 1. Entity Name SRIMEX ,INC							04-19-2006 90102 014 ***150.00				
Principal Place of Business Mailing Address]				
17670 SW 107 AVE 2-204				17670 SW 107 AVE 2-204			1				
MIAMI, FL 33157 MIAMI, FL 33157) enimiari	etili evi cen eun	01 171	e eme r (1/3) (1/	itn n nn
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02172006	Chg-P		4 (11/05)	
City & State				City & State			4. FEI Numb	[™] 20-3	03317	3 - 145	pplied For Applicable
Zip	Country			Zip Cour		ntry	5. Certificate	of Status Desire		8.75 Add	
	and Address of Curn	stered Agent		Name	7. Name and	Address of Nav	v Registered A	gent			
SRIRAM, RICARDO											
17670 SW 107 AVE 2-204					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33157					, , , , , , , , , , , , , , , , , , ,				1		
						City			FL	Zip Cod	
 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 obsigations of registered agent. 											
SIGNATURE AS MUAN											
Appearant TYPEd or privated name of registered agent and size if applicable. (NOTE: Registered Agent agressive required when remissing) CATE; 05-15-20											-2006
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICERS A	ND DIRE		11.		ADDITIONS,	CHANGES TO C	FFICERS AND		
TITLE NAME	P Delete TI SRIRAM, RICARDO N					E E				Change	Addition
STREET ADDRESS	17670 SV	V 107 AVE				ET ADORESS -ST-ZIP					1
CITY-ST-ZIP	MIAMI, FL 33157 City									Change	☐ Addition
NAME	HAN					- 1				,	
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP					
TITLE	Delete III'u					· 1				Change	☐ Addition
NAME STREET ADDRESS					NAM STRI	ET ADDRESS					
CITY-ST-ZIP	L	<u> </u>			┩	-ST-ZIP					
TITLE	[]			☐ Delete	TTIL NAM	- 5				Change	☐ Addition
STREET ADDRESS C/TY-51-BP						ET ADDRESS -ST-ZIP	•				
TITLE				☐ Deleta	ĦΙ	E				Change	Addition
STREET ADDRESS					STRE	ET ADDRESS					
CITY-\$I-ZIP						-\$1-ZIP					
TITLE				Oslela	TITL MAS	l l				Change	Addition
STREET ADDRESS					1	ET ADDRESS			•		ļ
12. hereby	certify that th	e information supplied	with this	filing does not qualify to	r the ex	emptions contained	d in Chapter 119	, Florida Statutes	s. I further certif	y that the in	formation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: Date Description Prome of Description P											