

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092184

Entity Name: PROFEX CORP.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

2255 MALIBU LAKES CIR.
APT. # 334
NAPLES, FL 34119

New Principal Place of Business:

2255 MALIBU LAKES CIR.
APT. # 322
NAPLES, FL 34119

Current Mailing Address:

P.O. BOX 112127
NAPLES, FL 34108

New Mailing Address:

FEI Number: 66-0655816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABOY, LYSANDER
2255 MALIBU LAKE CIR.
APT. # 334
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

LABOY, LYSANDER
2255 MALIBU LAKE CIR.
APT. # 322
NAPLES, FL 34119 US

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.

SIGNATURE: LYSANDER LABOY

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABOY, LYSANDER
Address: 2255 MALIBU LAKE CIR. #334
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LABOY, LYSANDER
Address: 2255 MALIBU LAKE CIR. #322
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYSANDER LABOY

PRES

02/19/2009

Electronic Signature of Signing Officer or Director

Date