

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120208

Entity Name: DEXSON CORPORATION

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

5900 NW 99 AVE BLDG C UNIT 4
DORAL, FL 33178

New Principal Place of Business:

10300 NW 19 ST
SUITE 103
DORAL, FL 33172

Current Mailing Address:

5900 NW 99 AVE BLDG C UNIT 4
DORAL, FL 33178

New Mailing Address:

10300 NW 19 ST
SUITE 103
DORAL, FL 33172

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, FLOR M
5900 NW 99 AVE BLDG C UNIT 4
DORAL, FL 33178 US

Name and Address of New Registered Agent:

PEREZ, FLOR M
10300 NW 19 ST
SUITE 103
DORAL, FL 33172 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:

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEGUIZAMON, ALFONSO L
Address: 5900 NW 99 AVE BLDG C UNIT 4
City-St-Zip: DORAL, FL 33178

Title: DVP () Delete
Name: LEGUIZAMON, ELVIA L
Address: 5900 NW 99 AVE BLDG C UNIT 4
City-St-Zip: DORAL, FL 33178

Title: DT () Delete
Name: LEGUIZAMON, JHON A
Address: 5900 NW 99 AVE BLDG C UNIT 4
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEGUIZAMON, ALFONSO L
Address: 10300 NW 19 ST SUITE 103
City-St-Zip: DORAL, FL 33172

Title: DVP (X) Change () Addition
Name: LEGUIZAMON, ELVIA L
Address: 10300 NW 19 ST SUITE 103
City-St-Zip: DORAL, FL 33172

Title: DT (X) Change () Addition
Name: LEGUIZAMON, JHON A
Address: 10300 NW 19 ST SUITE 103
City-St-Zip: DORAL, FL 33172

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: ALFONZO LEGUIZAMON

DP

01/30/2008

Electronic Signature of Signing Officer or Director

Date