

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

06-23-2008 90003 044 ***150.00

DOCUMENT # P07000001598					
1. Entity Name X - INFINITY, INC.					
Principal Place of Business 4970 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351			Mailing Address 4970 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8197769	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEKORISTOV, IGOR 4970 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 re-stating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME NEKORISTOV, IGOR STREET ADDRESS 4008 PEPPER TREE CITY - ST - ZIP WESTON, FL 33332	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
TITLE VP NAME GOLSHEYN, ALEX STREET ADDRESS 304 RACQUETCLUB ROAD #204 CITY - ST - ZIP WESTON, FL 33326	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition	
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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 empowers.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		

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06062008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8197769

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

SIGNATURE _____
Signature typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP 	☐ Change ☐ Addition
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SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

06/15/08