

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000079473

Entity Name: LEXS TECHNOLOGIES, INC.

FILED
Apr 03, 2009
Secretary of State

Current Principal Place of Business:

10181 NW 58TH ST
SUITE 9
DORAL, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10181 NW 58TH ST
SUITE 9
DORAL, FL 33178 US

New Mailing Address:

FEI Number: 26-0523039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE EXECUTIVE FINANCIAL GROUP
10181 NW 58TH ST
SUITE 9
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SILVA, LESTER M
Address: 10181 NW 58TH ST, SUITE 9
City-St-Zip: DORAL, FL 33178 US

Title: VP () Delete
Name: SILVA, LESTER M
Address: 10181 NW 58TH ST, SUITE 9
City-St-Zip: DORAL, FL 33178 US

Title: SEC () Delete
Name: SILVA, LESTER M
Address: 10181 NW 58TH ST, SUITE 9
City-St-Zip: DORAL, FL 33178 US

Title: TREA () Delete
Name: SILVA, LESTER M
Address: 10181 NW 58TH ST, SUITE 9
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SILVA, PATRICIA
Address: 10181 NW 58TH ST, SUITE 9
City-St-Zip: DORAL, FL 33178 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESTER SILVA

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date