

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000119760			
1. Entity Name THE OUXNO, INC.			
Principal Place of Business 426 NE 13TH AVE FORT LAUDERDALE, FL 33301		Mailing Address 426 NE 13TH AVE FORT LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 2014 NE 19th St		3. Mailing Address 2014 NE 19th St	
Sub, Apt. #, etc. App 3		Sub, Apt. #, etc. App 3	
City & State FORT LAUDERDALE		City & State FORT LAUDERDALE	
Zip 33305		Zip 33305	
Country FL		Country FL	
4. FEI Number 09032008		Chg-P CR2E034 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POHL, FRANK H 426 NORTHEAST 13TH AVE FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name DR. HENRY W. ZSCHAU Street Address (P.O. Box Number is Not Acceptable) 2014 NE 19th St App 3 FORT LAUDERDALE, FL 33305	
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 DR. HENRY W. ZSCHAU 09/03/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SARIGUEL, TOLGA OWNER	<input type="checkbox"/> Delete	TITLE P
STREET ADDRESS 426 NE 13TH AVE	CITY - ST - ZIP FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SARIGUEL, TOLGA
TITLE P	NAME DR. HENRY W. ZSCHAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 2014 NE 19th St App 3
STREET ADDRESS 426 NE 13TH AVE	CITY - ST - ZIP FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP FORT LAUDERDALE, FL 33305
TITLE P	NAME DR. HENRY W. ZSCHAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 2014 NE 19th St App 3
STREET ADDRESS 426 NE 13TH AVE	CITY - ST - ZIP FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP FORT LAUDERDALE, FL 33305
TITLE P	NAME DR. HENRY W. ZSCHAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 2014 NE 19th St App 3
STREET ADDRESS 426 NE 13TH AVE	CITY - ST - ZIP FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP FORT LAUDERDALE, FL 33305
TITLE P	NAME DR. HENRY W. ZSCHAU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 2014 NE 19th St App 3
STREET ADDRESS 426 NE 13TH AVE	CITY - ST - ZIP FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP FORT LAUDERDALE, FL 33305
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 empowered.			
SIGNATURE:		09/03/2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
<small>Daytime Phone #</small>			

FILED
 08 SEP -3 PM 5:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

