

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000039114

Entity Name: POSTHORAX, INC.

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1311 MISSOURI AVE SOUTH  
CLEARWATER, FL 33756

**New Principal Place of Business:**

5734 MOONLIGHT CIRCLE  
ORLANDO, FL 32839

**Current Mailing Address:**

1311 MISSOURI AVE SOUTH  
CLEARWATER, FL 33756

**New Mailing Address:**

5734 MOONLIGHT CIRCLE  
ORLANDO, FL 32839

FEI Number: 27-0155799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL MONTE, PAUL  
1311 MISSOURI AVE SOUTH  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

EPPLE, JURGEN  
5734 MOONLIGHT CIRCLE  
ORLANDO, FL 32839 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: JURGEN EPPLE

06/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EPPLE, JURGEN  
Address: 5734 MOONLIGHT CIRCLE  
City-St-Zip: ORLANDO, FL 32839

I hereby 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 all other like empowered.

SIGNATURE: JURGEN EPPLE

PRES

06/12/2012

Electronic Signature of Signing Officer or Director

Date