

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000047372

**Entity Name:** LOXIA TECH SERVICES INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

500 NE 191ST STREET  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE 191ST STREET  
MIAMI, FL 33179 US

**New Mailing Address:**

**FEI Number:** 27-0301353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAMAREDINE, MOHAMAD AGENT  
500 NE 191 STREET  
MIAMI, FL 33179 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

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: KAMAREDINE, MOHAMAD  
Address: 500 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33179 US

Title: S, D  
Name: KAMAREDINE, NATALIYA  
Address: 500 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33179 US

Title: T  
Name: KAMAREDINE, MOHAMAD  
Address: 500 NE 191ST STREET  
City-St-Zip: MIAMI, FL 33179 US

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: MOHAMAD KAMAREDINE

CEO

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date