


2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 JAN 28 AM 9:04

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11000096492 1. Entity Name ALEXAMIR SERVICES INC.	
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Principal Place of Business 5927 NW 17TH AVE MIAMI, FL 33142	Mailing Address 5927 NW 17TH AVE MIAMI, FL 33142
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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10142013 Chg-P CR2E034 (12/11)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCSWAIN, LAKISHA 5927 NW 17TH AVE MIAMI, FL 33142

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 file if applicable. NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 27, 2013**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCSWAIN, LAKISHA	
STREET ADDRESS	5927 NW 17TH AVE	
CITY- ST- ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

600253060146

10/22/13--01002--005 **150.00

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 information.

SIGNATURE: Lakisha McSwain DATE: 10/18/13 E-MAIL ADDRESS: LMcSwain@a



Annual Report Filing History

Search By Document ID

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Session

Transaction ID	Description	Filing Stage
p11000096492-75e39676-6f13-40cc-a72e-43bfdc3fe611	Session file for p11000096492 with last modified date of 3/18/2013 10:17:54 PM Eastern Standard Time	PaymentPage
p11000096492-9b3b7f2f-6358-40d0-94c9-c2c267ac4913	Session file for p11000096492 with last modified date of 1/28/2013 8:28:13 PM Eastern Standard Time	Edit
p11000096492-ba6c9aa9-76ea-43d4-a49b-c4c0d6596763	Session file for p11000096492 with last modified date of 1/28/2013 8:25:27 PM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
ba51bb31-3f7c-48ec-a71d-0a6ce6a8aa64	P11000096492	0	2	5/18/2012 12:00:00 AM
p11000096492-75e39676-6f13-40cc-a72e-43bfdc3fe611	P11000096492	150	0	3/18/2013 10:17:57 PM

