2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34825

Entity Name: TOUAX CORPORATION

PONAK, STEPHEN

169 E. FLAGLER ST

MIAMI, FL 33131 US

Name:

Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: TOUR ARAGO 5 RUE BELLINI PUTEAUX LA DEFENSE, FRANCE, FR 92800 **New Mailing Address: Current Mailing Address:** 801 DOUGLAS AVE STE 207 ALTAMONTE SPRINGS, FL 32714 US FEI Number: 22-2384710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACKSON, EDWARD R 36181 EAST LAKE RD, STE 204 PALM HARBOR, FL 34685 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WALEWSKI, RAPHAEL Name: Name: TOUR ARAGO S RUE BELLINI Address: Address: City-St-Zip: PUTEAUX, LA DEFENSE, FR 92800 FR City-St-Zip: Title: Title: () Delete () Change () Addition WALEWSKI, FABRICE Name: Name: TOUR ARAGO S RUE BELLINI Address: Address: PUTEAUX, LA DEFENSE, FR 92800 FR City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JACKSON, EDWARD R Name: Name: 36181 EAST LAKE RD, STE 204 Address: Address: City-St-Zip: PALM HARBOR, FL 34685 US City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

PONAK, STEPHEN

2121 PONCE DE LEON BLVD, STE 1200

CORAL GABLES, FL 33134 US

SIGNATURE: EDWARD RAY JACKSON D 04/16/2009