

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000070343

Entity Name: ALEXICO, INC.

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2909 US HWY 19 N  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

11417 BELLE HAVEN DR  
NEW PORT RICHEY, FL 34654

**New Mailing Address:**

11417 BELLE HAVEN DRIVE  
NEW PORT RICHEY, FL 34654 US

FEI Number: 59-3205471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARQUIN, ANTONIO J  
11417 BELLE HAVEN DR  
NEW PORT RICHEY, FL 34654 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: PD  
Name: BARQUIN, ANTONIO J PRES/TR  
Address: 11417 BELLE HAVEN DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD  
Name: BARQUIN, HILDA SECTY  
Address: 11417 BELLE HAVEN DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD  
Name: BARQUIN, ALEXIS J VP  
Address: 11417 BELLE HAVEN DR  
City-St-Zip: NEW PORT RICHEY, FL 34654 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: ANTONIO J. BARQUIN

PRES

01/26/2012

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

\_\_\_\_\_  
Date