


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90725 034 ***150.00

DOCUMENT # P93000082469			
1. Entity Name ALEXMEX S.A.C.V. INC.			
Principal Place of Business 8475 MENTEITH TERR MIAMI LAKES, FL 33016		Mailing Address C/O LOPEZ ACCOUNTING 1800 W 49 STREET #121 HIALEAH, FL 33012 <i>C/O LOPEZ Accty.</i>	
2. Principal Place of Business <i>7681 W. 15 Ct.</i>		3. Mailing Address <i>1800 W. 49 St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>201</i>	
City & State <i>Hialeah, FL</i>		City & State <i>Hialeah, FL</i>	
Zip <i>33014</i>	Country <i>USA</i>	Zip <i>33012</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent HECHAVARRIA, CARMEN 10550 NW 77TH COURT #208 HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name <i>Carmen Hechevarria</i> Street Address (P.O. Box Number is Not Acceptable) <i>7681 W. 15 Ct.</i> City <i>Hialeah</i> FL Zip Code <i>33014</i>	
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 <i>Carmen Hechevarria</i> <i>Carmen Hechevarria</i> DATE <i>4-29-04</i> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when rechartering.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HECHAVARRIA, CARMEN 10550 NW 77TH COURT #208 HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DD HECHAVARRIA, Carmen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>7681 W. 15 Ct.</i> <i>Hialeah, FL 33014</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HECHAVARRIA, CARLOS 10550 NW 77TH COURT #208 HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HECHAVARRIA, Carlos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>7681 W. 15 Ct.</i> <i>Hialeah, FL 33014</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.			
SIGNATURE: <i>Carmen Hechevarria</i>		Date: <i>4/29/04</i> 305-205-6919	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	