


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90057 012 \*\*\*150.00

**DOCUMENT # P94000003433**

1. Entity Name  
**LEXIM, INC.**



Principal Place of Business  
**17169 NEWPORT CLUB DR.  
BOCA RATON, FL 33496 US**

Mailing Address  
**17169 NEWPORT CLUB DR.  
BOCA RATON, FL 33496 US**

2. Principal Place of Business  
**17169 Newport Club Dr.**

3. Mailing Address  
**17169 Newport Club Dr.**

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

City & State  
**Boca Raton, FL**

Zip  
**33496**

Country  
**USA**

Zip  
**33496**

Country  
**USA**



02102005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0462531**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZUR, LEVY  
17169 NEWPORT CLUB DR.  
BOCA RATON, FL 33496**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	<b>P ZUR, LOIS 17169 NEWPORT CLUB DR. BOCA RATON, FL 33496</b> <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	<b>VP ZUR, LEVY 17169 NEWPORT CLUB DR. BOCA RATON, FL 33496</b> <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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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: **Levy Zur** **LEVY ZUR** **2/16/05** **(561) 998-9785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #