


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90394 022 \*\*\*150.00

<b>DOCUMENT # P94000059929</b>	
1. Entity Name <b>ALEXANDRA (U.S.A.), INC.</b>	

Principal Place of Business <b>4800 AIRPORT ROAD NAPLES, FL 33942 US</b>	Mailing Address <b>4800 AIRPORT ROAD NAPLES, FL 33942 US</b>
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**50038779**



2. Principal Place of Business <b>3785 Airport Road</b>	3. Mailing Address <b>3785 Airport Road</b>
Suite, Apt. #, etc. <b>Ste B-2</b>	Suite, Apt. #, etc. <b>Ste B-2</b>
City & State <b>Naples, Florida</b>	City & State <b>Naples, Florida</b>
Zip <b>34105</b>	Country <b>USA</b>

04092005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0512373</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CHAN, VICKI A 200 SOUTH BISCAYNE BLVD. STE. 4500 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name <b>CHAN, VICKI A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3785 Airport Road, Ste B-2</b> City <b>Naples</b> FL Zip Code <b>34105</b>
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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.

**VICKI A. CHAN**

SIGNATURE

04/10/05

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 <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHAN, VICKY</b>		NAME <b>CHAN, VICKI A.</b>	
STREET ADDRESS <b>4800 AIRPORT ROAD</b>		STREET ADDRESS <b>3785 Airport Road, Ste B-2</b>	
CITY-ST-ZIP <b>NAPLES, FL 34104</b>		CITY-ST-ZIP <b>Naples, FL 34105</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LANUZA, GERARDO J</b>		NAME <b>LANUZA, GERARDO J.</b>	
STREET ADDRESS <b>4800 AIRPORT ROAD</b>		STREET ADDRESS <b>3785 Airport Road, Ste B-2</b>	
CITY-ST-ZIP <b>NAPLES, FL 34105</b>		CITY-ST-ZIP <b>Naples, FL 34105</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CU UNJIENG, WILLIAM R</b>		NAME <b>CU UNJIENG, WILLIAM R.</b>	
STREET ADDRESS <b>4800 AIRPORT ROAD</b>		STREET ADDRESS <b>3785 Airport Road, Naples, FL 34105</b>	
CITY-ST-ZIP <b>NAPLES, FL 34105</b>		CITY-ST-ZIP <b>3785 Airport Road, Naples, FL 34105</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROMA, FELICITAS-DELA</b>		NAME <b>ANCANAN, NOEL L.</b>	
STREET ADDRESS <b>4800 AIRPORT ROAD</b>		STREET ADDRESS <b>3785 Airport Road Ste B-2</b>	
CITY-ST-ZIP <b>NAPLES, FL 34105</b>		CITY-ST-ZIP <b>Naples, FL 34105</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ANCANAN, JOCELYN C.</b>		NAME <b>ANCANAN, JOCELYN C.</b>	
STREET ADDRESS <b>3785 Airport Road B-2</b>		STREET ADDRESS <b>3785 Airport Road B-2</b>	
CITY-ST-ZIP <b>Naples, FL 34105</b>		CITY-ST-ZIP <b>Naples, FL 34105</b>	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANCANAN, JOCELYN C.</b>		NAME <b>ANCANAN, JOCELYN C.</b>	
STREET ADDRESS <b>3785 Airport Road B-2</b>		STREET ADDRESS <b>3785 Airport Road B-2</b>	
CITY-ST-ZIP <b>Naples, FL 34105</b>		CITY-ST-ZIP <b>Naples, FL 34105</b>	

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:

**VICKI A. CHAN**

04/10/05

239-2635095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #