

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90043 013 \*\*\*150.00

**DOCUMENT # P94000059929**

1. Entity Name  
ALEXANDRA (U.S.A.), INC.



Principal Place of Business  
3785 AIRPORT ROAD, STE B-2  
NAPLES, FL 34105 US

Mailing Address  
3785 AIRPORT ROAD, STE B-2  
NAPLES, FL 34105 US

40011664



01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0512373

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHAN, VICKI A  
3785 AIRPORT ROAD, STE B-2  
NAPLES, FL 34105

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	CHAN, VICKY
STREET ADDRESS	3785 AIRPORT ROAD STE B-2
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VD
NAME	LANUZA, GERARDO J
STREET ADDRESS	3785 AIRPORT ROAD, STE B-2
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	PD
NAME	CU UNJIENG, WILLIAM R
STREET ADDRESS	3785 AIRPORT ROAD, STE B-2
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	SD
NAME	ANCANAN, NOEL L
STREET ADDRESS	3785 AIRPORT ROAD, STE B-2
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	TD
NAME	ANCANAN, JOCELYN C
STREET ADDRESS	3785 AIRPORT ROAD STE B-2
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

Jocelyn Ancanan

01/30/07

239-2635095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #