


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90213 003 \*\*\*150.00

<b>DOCUMENT # P94000073932</b>	
1. Entity Name <b>LEXAR INTERNATIONAL, INC.</b>	

Principal Place of Business <b>17350 NW 69 CT 104 HIALEAH, FL 33015 US</b>	Mailing Address <b>PO BOX 173871 MIAMI, FL 33017 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04222007 Chg-P	CR2E034 (12/06)
4. FEI Number <b>65-0526547 / 65-0526574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ALEXANDER, ALEXIS 17350 NW 69 CT 104 MIAMI, FL 33015</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, ALEXIS P.O. BOX 173871 HIALEAH, FL 33107 <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 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:** Alexis Alexander **ALEXIS ALEXANDER** 04-19-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
40083674

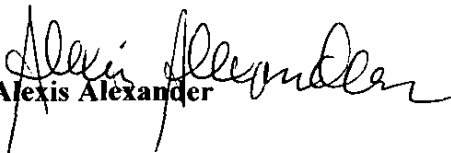
**LEXAR INTERNATIONAL INC  
POX 173871  
HIALEAH, FL 33015**

Miami, April 23, 2007

To whom it may concern:

We are sending a copy of Employer Identification Number (EIN) that was assigned by the INTERNAL REVENUE SERVICE on 1994. Please, could you correct number in the document # P94000073932, we tried doing it on our own, but we could not.

Sincerely,

  
Alexis Alexander

TAX FORMS YOU MUST FILE:  
941 1120 940

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

LEXAR INTERNATIONAL INC  
776 W 64TH DR  
HIALEAH FL 33012

ATTACHMENT

40083674

#P94000073932

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0526574. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. Using any variation in your name or EIN may cause processing delays, incorrect information in your account, or erroneous assignment of more than one EIN.

We have established the filing requirement(s) and tax period for your account based on the information provided. Publication 538, Accounting Periods and Methods, is available at most IRS offices if you need help in determining your required tax year.

If you are required to make deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within five to six weeks. If you must make a payment before then, use the enclosed coupons.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-93)

Return this part with any correspondence  
so we may identify your account. Please  
correct any errors in your name or address.

CP 575 A

0717021837

YOUR TELEPHONE NUMBER ( )      BEST TIME TO CALL      DATE OF THIS NOTICE: 10-26-94  
EMPLOYER IDENTIFICATION NUMBER: 65-0526574  
FORM: SS-4

INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

LEXAR INTERNATIONAL INC  
776 W 64TH DR  
HIALEAH FL 33012