


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90303 023 ***150.00

DOCUMENT # P95000080931

1. Entity Name
SEXTANT, INC.



Principal Place of Business Mailing Address

2 ALHAMBRA PLAZA **2 ALHAMBRA PLAZA**
PH-2B **PH-2B**
MIAMI, FL 33134 **MIAMI, FL 33134**

50042426

2. Principal Place of Business 3. Mailing Address

201 Alhambra Circle **201 Alhambra Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
601 **# 601**



04202005 Chg-P CR2E034 (10/03)

City & State City & State

Coral Gables, FL **Coral Gables, FL**

4. FEI Number Applied For

65-0639144 Not Applicable

Zip Country Zip Country

33134 **USA** **33134** **USA**

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

6. Name and Address of Current Registered Agent

DEL-VALLE, M C
2 ALHAMBRA PLAZA
PH-2B
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name **M.C. Del Valle, P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, #601
 City **Coral Gables** **FL** Zip Code **33134**

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 M. Cristina Del Valle [Signature] 4/20/05
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 **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD NADAL, ALAIN 10348 NW 46TH ST. MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: Alain Nadal 4/20/05 (309) 357-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #