2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P97000089499 1. Entity Name 03-12-2007 90085 039 ***150.00 REXFORD INTERNATIONAL, CORP. Principal Place of Business Mailing Address 305 A SCARLET BOULEVARD 305 A SCARLET BOULEVARD OLDSMAR, FL 34677 OLDSMAR, FL 34677 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3473006 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TADDEO, RICHARD V Street Address (P.O. Box Number is Not Acceptable) 305-A SCARLET BLVD OLDSMAR, FL 34677 يو. پ City Zip Code FL 8. The above named epithy 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 (s)ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** Delete TITLE TILLE ☐ Change ☐ Addition TADDEO, RICHARD Y NAME 305 A SCARLET BOULEVARD STREET ADDRESS STREET ADDRESS OLDSMAR, FL 34677 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ШЕ ☐ Delete TITI F ☐ Change Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered. SIGNATURE:

FILED

Mar 12, 2007 8:00 am