


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90018 008 \*\*\*150.00

**DOCUMENT # P99000013101**

1. Entity Name  
**EXTEX CORP.**



Principal Place of Business      Mailing Address

**260-95 STREET**      **260-95 STREET**  
**204**      **204**  
**MIAMI, FL 33154**      **MIAMI, FL 33154**

**94028093**

2. Principal Place of Business      3. Mailing Address

**9325 ABBOTT AV.**      **9325 ABBOTT AV.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



03042004      Chg-P      CR2E034 (10/03)

City & State      City & State

**SURFSIDE FL**      **SURFSIDE FL**

Zip      Country      Zip      Country

**33154**      **USA**      **33154**      **USA**

4. FEI Number      Applied For

**65-0900123**       Not Applicable

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

6. Name and Address of Current Registered Agent

**HUPPERT, JOSEPH H**  
**17611 SW 48 ST**  
**SOUTHWEST RANCHES, FL 33331**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>COHEN, DAVID</b>                      |
| STREET ADDRESS | <b>260-9N STREET 204</b>                 |
| CITY-ST-ZIP    | <b>SURFSIDE, FL 33154</b>                |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>COHEN, SILVIA</b>                     |
| STREET ADDRESS | <b>260 9N STREET 204</b>                 |
| CITY-ST-ZIP    | <b>SURFSIDE, FL 33154</b>                |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>COHEN, CYNTHIA</b>                    |
| STREET ADDRESS | <b>260 9 N STREET 204</b>                |
| CITY-ST-ZIP    | <b>MIAMI, FL 33154</b>                   |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  **SILVIA COHEN**      3/9/04      (905) 864-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #