

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000013101

1. Entity Name

EXTEX CORP.



**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business

9325 ABBOTT AVE  
SURFSIDE FL 33154

Mailing Address

9325 ABBOTT AVE  
SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0900123

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME COHEN, DAVID  
STREET ADDRESS 260-9N STREET 204  
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition  
NAME U00000221658  
STREET ADDRESS 02/09/05-80039-025 150.00  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COHEN, SILVIA  
STREET ADDRESS 260 9N STREET 204  
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME COHEN, CYNTHIA  
STREET ADDRESS 260 9 N STREET 204  
CITY-ST-ZIP MIAMI FL 33154

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

*DAVID COHEN* 2/7/05 305-864-5530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #