

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000103557

1. Entity Name
ALRIXE CORPORATION



Principal Place of Business

306 ALCAZAR AVE.
STE. 302
CORAL GABLES, FL 33134

Mailing Address

306 ALCAZAR AVE.
STE. 302
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0964696

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALBERT VEGA
306 ALCAZAR AVE
STE. 302
CORAL GABLES, FL 33134

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IN THIS SPACE**

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 of agent or principal member or registered agent and title of corporation

(If not, Registered Agent signature required when registering)

Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000501091
04/25/06-80048-010 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
GETREIDE, PATRICK
306 ALCAZAR AVE., #302
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
VEGA, ALBERT
306 ALCAZAR AVE., #302
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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, will or other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone