


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S47779**  
 1. Entity Name  
**CIPROX (USA), INC.**



Principal Place of Business <b>169 E FLAGLER          STE 1600          MIAMI, FL 33131 US</b>	Mailing Address <b>169 E FLAGLER          STE 1600          MIAMI, FL 33131 US</b>
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**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0265980</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARRIS, ELLIOTT  
 111 SW 3 ST  
 6TH FL  
 MIAMI, FL 33130**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDENFELD, DANYA 169 E FLAGLER, STE 1600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENHAMRON, URI 169 E FLAGLER, STE 1600 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDENFELD, JUDITH 169 E FLAGLER ST 1620 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESSLER, GARY 169 E FLAGLER, STE 1600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENHAMRON, ANAT 169 EAST FLAGLER ST MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/24/07-80044-018 150.00

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, with all other like empowered.

**SIGNATURE:**  **Danya Lindenfeld** **4/12/07** **305 374 3677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #