

**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

**169 E FLAGLER
STE 1600
MIAMI, FL 33131 US**

Mailing Address

**169 E FLAGLER
STE 1600
MIAMI, FL 33131 US**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0265980

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

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, 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 PD
NAME LINDENFELD, DANYA
STREET ADDRESS 169 E FLAGLER, STE 1600
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME BENHAMRON, URI
STREET ADDRESS 169 E FLAGLER, STE 1600
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME LINDENFELD, JUDITH
STREET ADDRESS 169 E FLAGLER ST 1620
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME RESSLER, GARY
STREET ADDRESS 169 E FLAGLER, STE 1600
CITY-ST-ZIP MIAMI, FL 33131

TITLE V
NAME BENHAMRON, ANAT
STREET ADDRESS 169 EAST FLAGLER ST
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000706686
04/24/07-80044-018 150.00

**DO NOT WRITE
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, 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 #