


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90085 011 ***150.00

DOCUMENT # S47779

1. Entity Name
CIPROX (USA), INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4



04162008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

65-0265980 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

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	LINDENFELD, DANYA	
STREET ADDRESS	169 E FLAGLER, STE 1600	
CITY-ST-ZIP	MIAMI, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENHAMRON, URI	
STREET ADDRESS	169 E FLAGLER, STE 1600	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LINDENFELD, JUDITH	
STREET ADDRESS	169 E FLAGLER ST 1620	
CITY-ST-ZIP	MIAMI, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	RESSLER, GARY	
STREET ADDRESS	169 E FLAGLER, STE 1600	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENHAMRON, ANAT	
STREET ADDRESS	169 EAST FLAGLER ST	
CITY-ST-ZIP	MIAMI, FL 33131	
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		

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** Date: **4/16/08** Daytime Phone #: **305 3743677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR