FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90290 015 ***150.00

90125936

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V 49972

1. Entity Name

Alextle, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o David McKibbin	c/o David McKibbin
Suite, Apt. #, etc. 5225 Collins Ave	Suite, Apt. #, etc. 5225 Collins Ave
City & State Miami Beach, Fla.	City & State Miami Beach, Fla.
Zip 33140 Country US	Zip 33140 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0392834 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David A. McKibbin

Street Address (P.O. Box Number is Not Acceptable): Suite 100, 555 NE 15 St.

City: Miami FL Zip Code: 33132

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: David McKibbin

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD David McKibbin 5105 NW 93 Doral Way Miami, Fla. 33178
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: David McKibbin P President 4-29-03 (305) 372 4932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David McKibbin