

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000003245

**Entity Name:** ALX GROUP INC

**Current Principal Place of Business:**

653 MONUMENT RD  
AP. 203  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

PO BOX 56324  
JACKSONVILLE, FL 32241-6324 US

**FEI Number:** 80-0775188

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLLEGE, TAX & RETIREMENT STRATEGIES, LLC  
3110 SPRING GLEN RD  
JACKSONVILLE, FL 32207 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name IURCEAC, ALEXANDR  
Address PO BOX 56324  
City-State-Zip: JACKSONVILLE FL 32241-6324

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEXANDR IURCEAC

**PRESIDENT**

**01/29/2016**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date