

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000001996

Entity Name: FXOP, INC.

Current Principal Place of Business:

5505 NW 7TH ST
W317
MIAMI, FL 33126

Current Mailing Address:

PO BOX 260811
MIAMI, FL 33126

FEI Number: 46-1711827

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUJAN, FAUSTO A
5505 NW 7TH ST
W317
MIAMI, FL 33126 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 PD
Name LUJAN, FAUSTO A
Address 5505 NW 7TH ST
City-State-Zip: MIAMI FL 33126

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: FAUSTO A. LUJAN

PD

03/14/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date