

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000065136

**Entity Name:** PRAXSOPEX GROUP, INC.

**Current Principal Place of Business:**

9400 SW 6 LN.  
MIAMI, FL 33174

**Current Mailing Address:**

PO BOX 443215  
MIAMI, FL 33144 US

**FEI Number: 46-3402337**

**Certificate of Status Desired: No**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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, T	Title	S, D
Name	NOA, ALBERTO	Name	NOA, ALBERTO
Address	9400 SW 6 LN.	Address	9400 SW 6 LN.
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33174

*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: ALBERTO NOA**

**PRESIDENT**

**03/31/2015**

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

\_\_\_\_\_  
Date