
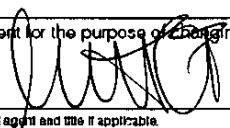



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90215 045 ***158.75

DOCUMENT # M53434 1. Entity Name INTELLEX CORPORATION					
Principal Place of Business 150 SE 2ND AVE. STE. 1008 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVE. STE. 1008 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 150 SE 2ND AVENUE		3. Mailing Address 150 SE 2ND AVENUE			
Suite, Apt., #, etc. SUITE # 1002		Suite, Apt., #, etc. SUITE # 1002			
City & State MIAMI, FL		City & State MIAMI, FL		04262007 Chg-P CR2E034 (12/06)	
Zip 33131		Country USA		4. FEI Number 65-0036237	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CYBEREX, INC 150 SE 2ND AVE. STE. 1008 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name CYBEREX, INC Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVENUE, SUITE # 1002 City MIAMI FL Zip Code 33131		
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  CYBEREX, INC. 04/22/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS ROMAN, M 150 SE 2ND AVE., #1008 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ALEXANDER, A 1602 ALTON RD 500 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMEIDA, L 100 SE 2ND ST 2222-A MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAS ROMAN, M 150 SE 2ND AVENUE, # 1002 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ST ALEXANDER, A 1602 ALTON ROAD # 500 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMEJDA, L 100 SE 2ND STREET, SUITE # 2222 -A MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  A. ALEXANDER 4-23-07 305-617-3345 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					