2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

Principal Place of Dusiness Masting Address	DOCUMENT # M53434 1. Entity Name INTELLEX CORPORATION						02-25-2008 9	90050 00)6 ***158	3.75	
SUITE 1002 MAMAI, FL 33131 MAMI, F	Principal Plac	e of Business	Mailing Address	Mailing Address							
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Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State City & State Address of New Registered Agent Ci									•		
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Coy & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
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Name	Zip	Country	Zip	Count	try	5. Certificat	e of Status Desired	K IX			
CYPET ADDITION City FL Zip Code		6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	legistered /	Agent		
SIDITE 10002 MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature	OVEDEN				Name						
MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. For our private name of implained spins and bit is spoke. FILE NOWITI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE ALEXANDER, A 1602 ALTON RD 500 MIAMI BEACH, FL 33139 THE NOW. ALEXANDER, A 1602 ALTON RD 500 MIAMI BEACH, FL 33139 THE NAME STREET ADDRESS 1 100 SE 2ND ST 2222-A MIAMI, FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND ST 2222-A MIAMI, FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A L 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131 THE NAME STREET ADDRESS 1 100 SE 2ND A VE STEE 1.00045S CHY-ST-2P MIAMI FL 33131	150 SE 2ND AVE.				Street Address (P.O. Box Number is Not Acceptable)						
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Commonweight Commonweight											
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. Tam familiar with, and accept the obligations of registered agent. Signature Signature					City			FI	Zip Cod	e	
SIGNATURE Signat	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										
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.											
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	-	Lentify that the information supplied wit	h this filing does not qualify for			Intained in Chapter 11	9. Florida Statutes 1	further cert	ify that the ir	formation	

2.1 Thereby certify that the information supplied with this filling 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 empowers 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: _

NATURE AND THREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2008

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