

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043594

FILED
Mar 09, 2005
Secretary of State

Entity Name: ORGPAX PUBLICATIONS, INC.

Current Principal Place of Business:

3223 N.W. 10TH TERRACE
SUITE 610
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

7700 CONGRESS AVE
SUITE 3107
BOCA RATON, FL 33487

Current Mailing Address:

3223 N.W. 10TH TERRACE
SUITE 610
FORT LAUDERDALE, FL 33309

New Mailing Address:

7700 CONGRESS AVE
SUITE 3107
BOCA RATON, FL 33487

FEI Number: 72-1575442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTOR & GOLBOIS CPAS, P.A.
7700 CONGRESS AVE
SUITE 3107
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELBES, MARIE-CLAUDE
Address: 3223 N.W. 10TH TERRACE, STE 610
City-St-Zip: BOCA RATON, FL 33309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELBES, MARIE-CLAUDE
Address: 110 BROME TERRACE
City-St-Zip: BROME, QC JOE1K0 CD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIE-CLAUDE DELBES

P

03/09/2005

Electronic Signature of Signing Officer or Director

_____ Date