2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# P93000056726

Entity Name: P.E.X. COMMERCIAL INC.

Current Principal Place of Business:

179 MORNINGSIDE DR
MIAMI SPRING, FL 33166 US

New Principal Place of Business:

6955 NW 52 ST
206
MIAMI, FL 33166 US

Current Mailing Address:

179 MORNINGSIDE DR
MIAMI SPRING, FL 33166 US

New Mailing Address:

6955 NW 52 ST
MIAMI, FL 33166 US

FEI Number: 65-0430655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, XENIA E
179 MORINGSIDE DR
MIAMI SPRING, FL 33166 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: TD ( ) Delete
Name: PEREZ, XENIA E
Address: 179 MORNINGSIDE DR.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: PD ( ) Delete
Name: DE PEREZ, ESTELA E
Address: 179 MORNINGSIDE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SD ( ) Delete
Name: BERMUDEZ, NYDIA
Address: 179 MORNINGSIDE DR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VD ( ) Delete
Name: PEREZ, XILENE E
Address: 179 MORNINGSIDE DR
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BERMUDEZ NYDIA SD 03/17/2005

Electronic Signature of Signing Officer or Director Date