2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001120

Entity Name: METILINX, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5757 BLUE LAGOON DRIVE 10022 HAMMOCKS BLVD

SUITE 300 201

MIAMI, FL 33126 US MIAMI, FL 33196 US

Current Mailing Address: New Mailing Address:

5757 BLUE LAGOON DRIVE PO BOX 431217 SUITE 300 MIAMI EL 33243

SUITE 300 MIAMI, FL 33243 MIAMI, FL 33126 US

FEI Number: 95-4772272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SARDINA, MARIA
5757 BLUE LAGOON DR., STE 300
MIAMI, FL 33126 US
HENRIQUEZ, STEVEN
10022 HAMMOCKS BLVD
201

MIAMI, FL 33196 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: STEVEN HENRIQUEZ 04/01/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: S (X) Change () Addition

 Name:
 COLLAZO, CARLOS M
 Name:
 CABEZUD, BRIAN

 Address:
 5757 BLUE LAGOON DRIVE, SUITE 300
 Address:
 PO BOX 431217

 City-St-Zip:
 MIAMI, FL 33126 US
 City-St-Zip:
 MIAMI, FL 33243 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRIAN CABEZUD S 04/01/2009