

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90055 008 ***158.75

DOCUMENT # F00000005524

1. Entity Name

IFX/CELC II, INC.



Principal Place of Business

15050 N.W. 79TH COURT
SUITE 200
MIAMI LAKES FL 33016

Mailing Address

15050 N.W. 79TH COURT
SUITE 200
MIAMI LAKES FL 33016

2. Principal Place of Business

9835 NW 14 ST.

3. Mailing Address

9835 NW 14 ST.

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Miami FL

City & State

Miami, FL

Zip

33172

Country

DOOE

Zip

33172

Country

DOOE

4. FEI Number

36-4399761

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IFX CORP
15050 N.W. 79TH COURT
SUITE 200
MIAMI LAKES FL 33016

7. Name and Address of New Registered Agent

Name

IFX CORP.

Street Address (P.O. Box Number is Not Acceptable)

9835 NW 14 ST.

SUITE 102

City

Miami

FL

Zip Code

33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME SHALOM, MICHAEL
STREET ADDRESS 15050 N.W. 79TH COURT, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016

☐ Delete

TITLE VS
NAME BURSZTYN, JAK
STREET ADDRESS 15050 N.W. 79TH COURT, SUITE 200
CITY-ST-ZIP MIAMI LAKES FL 33016

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/04

Date

305-512-1101

Daytime Phone #