

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

06-27-2005 90002038 \*\*\*158.75  
F0100001120

FILED

05 JUL 13 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0100001120

1. Entity Name  
METILINX, INC.



Principal Place of Business  
999 BAKER WAY  
SUITE 410  
SAN MATEO, CA 94404 US

Mailing Address  
999 BAKER WAY  
SUITE 410  
SAN MATEO, CA 94404 US

**DO NOT WRITE IN THIS SPACE**



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
95-4772272 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MANNING, ROBERT~~ Loret De Mola, Gustavo  
5757 BLUE LAGOON DR., STE 300  
MIAMI, FL 33126

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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: Gustavo Loret De Mola 6-1-05  
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COLLAZO, CARLOS M 999 BAKER WAY SUITE 410 SAN MATEO, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARK, NEIL 1670 S AMPHLETT BLVD., STE 300 SAN MATEO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Stephen Richards 999 Baker Way, Suite 410 San Mateo, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Stephen Richards 6-1-05 (650) 292-1920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #