


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-23-2004 90055 009 \*\*\*158.75

<b>DOCUMENT # F02000000317</b>		
1. Entity Name <b>IFX NETWORKS, LIMITED INC.</b>		

Principal Place of Business <b>15050 NW 79TH CRT., SUITE 200 MIAMI LAKES FL 33016</b>	Mailing Address <b>15050 NW 79TH CRT., SUITE 200 MIAMI LAKES FL 33016</b>
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2. Principal Place of Business <b>9835 NW 14 ST</b>		3. Mailing Address <b>9835 NW 14 ST.</b>	
Suite, Apt. #, etc. <b>102</b>		Suite, Apt. #, etc. <b>102</b>	
City & State <b>Miami FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33172</b>	Country <b>DOOE</b>	Zip <b>33172</b>	Country <b>DOOE</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>IFX CORPORATION 15050 NW 79TH CRT., SUITE 200 MIAMI LAKES FL 33016</b>		7. Name and Address of New Registered Agent Name <b>IFX CORPORATION</b> Street Address (P.O. Box Number is Not Acceptable) <b>9835 NW 14 ST.</b> <b>SUITE 102</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>	
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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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SHALOM, MICHAEL 15050 NW 79TH CRT., SUITE 200 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BURSZTYN, JAK 15050 NW 79TH CRT., SUITE 200 MIAMI LAKES FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/17/04 305-512-1101  
Date Daytime Phone #