


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90129 001 ***952.50

DOCUMENT # F02000000317	
1. Entity Name IFX NETWORKS, LIMITED INC.	

Principal Place of Business 9835 NW 14 ST. 102 MIAMI, FL 33172	Mailing Address 9835 NW 14 ST. 102 MIAMI, FL 33172
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66007454



2. Principal Place of Business 193D HARRISON STREET Suite, Apt. #, etc. SUITE 404 City & State HOLLYWOOD, FL Zip 33020 Country	3. Mailing Address 193D HARRISON STREET Suite, Apt. #, etc. SUITE 404 City & State HOLLYWOOD, FL Zip 33020 Country
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01112005 Chg-P CR2E034 (10/03)

4. FEI Number 52-2157614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IFX CORPORATION 9835 NW 14 ST. STE. 102 MIAMI, FL 33172	7. Name and Address of New Registered Agent Name IFX CORP Street Address (P.O. Box Number is Not Acceptable) 193D HARRISON STREET SUITE 404 City HOLLYWOOD, FL Zip Code 33020
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	SHALOM, MICHAEL 193D HARRISON STREET, SUITE 404 HOLLYWOOD, FL 33020 <input checked="" 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	BURSZTYN, JAK 193D HARRISON STREET, SUITE 404 HOLLYWOOD, FL 33020 <input checked="" 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
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
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: _____ **9/11/05 (305) 512-1104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #