## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # F02000005261 05-07-2004 90132 049 \*\*\*150.00 1. Entity Name IDAX GROUP, INC. Principal Place of Business Mailing Address 1304 SW 160TH AVE., #210 1701 HARBOR VIEW CIRCLE 54053352 WESTON, FL 33327 SUNRISE, FL 33326 2. Principal Place of Business 3. Mailing Address 906 SW St. Lucie West Blvd. #126 906 SW St. Lucie West Blvd. #126 Port St. Lucie, Fl 34986 Port St. Lucie, Fl 34986 04302004 Cha-P CR2E034 (10/03) 4. FFI Number Applied For 88-0426274 Not Applicable \$8.75 Additional U.S. 34986 U.S 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUIZ-PUYANA, HECTOR Street Addre 1701 HARBOR VIEW CIRCLE Hector Ruiz-Puyana WESTON, FL 33327 906 SW St. Lucie West Blvd. #126 Port St. Lucie, Fl 34986 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or monual manufacturing with, and accept the obligations of registered agent SIGNATURE Signature, typed or print (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CDPS TITLE ☐ Delete TITLE X Change Addition RUIZ-PUYANA, HILDEGUND NAME 906 SW St. Lucie West Blvd. #126 1701 HARBOR VIEW CIRCLE STREET ADDRESS STREET ADDRESS Port St. Lucie, Fl 34986 CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP CDVT Change TITLE TITLE ☐ Addition Delete NAME RUIZ-PUYANA, HECTOR NAME 906 SW St. Lucie West Blvd. #126 STREET ADDRESS 1701 HARBOR VIEW CIRCLE STREET ADDRESS Port St. Lucie, Fl 34986 CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

HILDER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED

May 07, 2004 8:00 am