2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F.06000007266.

1. Entity Name
LINXSOFT, INC.

Principal Place of Business	Mailing Address
2500 NW 79 AVE., STE. 246	2500 NW 79 AVE., STE. 246
DORAL, FL 33122·	DORAL, FL 33122

DO NOT WRITE IN THIS SPACE

02052007   No Chg-P   CR2E034 (11/05)

4. FEI Number
94-3330628

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCH, SAL
2500 NW 79 AVE., STE. 246
DORAL, FL 33122

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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 _____
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, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	CP
NAME	BLOCH, SAL
STREET ADDRESS	5571 NW 112 AVE.
CITY-ST-ZIP	DORAL, FL 33178

U000000626748
02/15/07-80035-003 150.00

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12. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Chapter 119, 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

SAL BLOCH   2/06/07   714-535-8282 X715
Date   Daytime Phone #