


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-25-2005 90129 001 ***952.50

DOCUMENT # F99000005299

1. Entity Name
IFX COMMUNICATIONS VENTURES, 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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66007450



2. Principal Place of Business 1930 HARRISON STREET	3. Mailing Address 1930 HARRISON STREET
Suite, Apt. #, etc. SUITE 404	Suite, Apt. #, etc. SUITE 404

01112005 Chg-P CR2E034 (10/03)

City & State HOLLYWOOD FL	City & State HOLLYWOOD, FL	4. FEI Number 65-0869807	Applied For <input type="checkbox"/> Not Applicable
Zip FL 33020	Country	Zip 33020	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

IFX CORP
9835 NW 14 ST
102
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name
IFX CORP.

Street Address (P.O. Box Number is Not Acceptable)
1930 HARRISON STREET

SUITE 404

City **HOLLYWOOD, FL** Zip Code **33020**

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE DPT	<input type="checkbox"/> Delete
NAME SHALOM, MICHAEL	
STREET ADDRESS 15050 NW 79TH COURT, #200	
CITY-ST-ZIP MIAMI LAKES, FL 33016	
TITLE VPS	<input type="checkbox"/> Delete
NAME BURSZTYN, JAK	
STREET ADDRESS 15050 NW 79TH COURT, #200	
CITY-ST-ZIP MIAMI LAKES, FL 33016	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHALOM, MICHAEL	
STREET ADDRESS 1930 HARRISON STREET # 404	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURSZTYN, JAK	
STREET ADDRESS 1930 HARRISON STREET, #404	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date: **3/11/05** Daytime Phone #: **(305) 512-1104**