
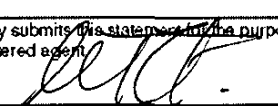
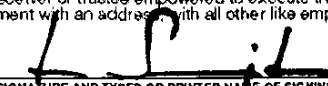


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90199 047 ***158.75

DOCUMENT # K36774 1. Entity Name BERLINEX CORPORATION					
Principal Place of Business 444 BRICKELL AVENUE SUITE 51-216 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVE STE 51-246 MIAMI, FL 33131 US		
2. Principal Place of Business 3101 SW 34TH AVENUE		3. Mailing Address 3101 SW 34TH AVENUE			
Suite, Apt. #, etc. STE. # 905-464		Suite, Apt. #, etc. STE. # 905-464		04272006 Chg-P CR2E034 (11/05)	
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 65-0076881	
Zip 34474		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 S E SECOND STREET-2315A MIAMI, FL 33131				7. Name and Address of New Registered Agent Name IBC FIDUCIARY INC. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET City SUITE 2222-A FL 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 of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		IBC FIDUCIARY INC. <small>(NOTE: Registered Agent signature required when reinstating)</small>		04/28/06 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LECOMPT, J 444 BRICKELL AVE #51-246 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - D - AS FELTON, S. 3101 SW 34 TH AVENUE OCALA, FL 34474	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP ROMAN, M 444 BRICKELL AVE., SUITE 51-246 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS - T - V ROMAN, M. 444 BRICKELL AVE. # 51-246 MIAMI, FL 33131	<input checked="" 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	S SMEJDA, L. 100 S.E. 2 ND STREET, STE. 2222-A MIAMI, FL 33131	<input type="checkbox"/> Change <input checked="" 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
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 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: 		L. SMEJDA		04/28/06 <small>Date</small>	305 358 4441 <small>Daytime Phone</small>