

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # M12533

1. Entity Name
STCX HOLDINGS INC.



Principal Place of Business
**222 SW 15 RD.
MIAMI, FL 33129 US**

Mailing Address
**222 SW 15 RD.
MIAMI, FL 33129 US**



04172006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0037930

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DALY, JOHN
222 SW 15 RD.
MIAMI, FL 33129**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DALY, JOHN
STREET ADDRESS	222 SW 15 RD.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	V
NAME	CADARIO, RONALD
STREET ADDRESS	222 SW 15 RD.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000519379
05/02/06-80050-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 APRIL 06 786.271-7829

Date

City/State/Phone #