


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90038 004 \*\*\*150.00

<b>DOCUMENT # M25284</b> 1. Entity Name <b>ADEX INTERNATIONAL, INC.</b>			
Principal Place of Business <b>11801 NW 100TH ROAD SUITE #3 MEDLEY FL 33178 US</b>		Mailing Address <b>11801 NW 100TH ROAD SUITE #3 MEDLEY FL 33178 US</b>	
2. Principal Place of Business <b>13280 S.W. 131 STREET STE. 117</b>		3. Mailing Address <b>13280 S.W. 131 STREET SUITE 117</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip <b>33186</b>	Country <b>USA</b>	Zip <b>33186</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>SLOCHOWSKI, AVISHAI 625 GOLDEN BEACH DR GOLDEN BEACH FL 33160</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SLOCHOWSKI, AVISHAI 625 GOLDEN BEACH DR GOLDEN BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SLOCHOWSKI, AVISHAI 625 GOLDEN BEACH DR GOLDEN BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE: AVISHAI SLOCHOWSKI</b>		<b>3/23/05 (205)278-7788</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/04)