2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 24, 2005 8:00 am **Secretary of State** DOCUMENT # M36177 01-24-2005 90052 019 ***150.00 1. Entity Name **NEUTEX CORPORATION** Principal Place of Business Mailing Address - - - 1 0 2 4970 S.W. 72ND AVENUE 1500 SAN REMO AVENUE SUITE 109 SUITE 125 MIAMI, FL 33155 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address 150 S.E SECOND AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) **SUITE 1200** City & State City & State 4. FEI Number Applied For 59-2717427 MIAMI, FLORIDA Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1500 SAN REMO AVENUE **SUITE 125** CORAL GABLES, FL 33146 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE X Change ☐ Addition GUGIG, JOHN GUGIG, JOHN NAME NAME 150 S.E.SECOND AVENUE # 1200 STREET ADDRESS 4970 S.W. 72 AVENUE, #109 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33155 CITY - ST - ZIP TITLE ☐ Delete TITLE **Change** ■ Addition NAME BAUM, SALOMON NAME BAUM, SALOMON 150 S.E.SECOND AVENUE # 1200 STREET ADDRESS 4970 S.W. 72 AVENUE, #109 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP ☐ Oclete TITLE № Change ☐ Addition SILBERT GROSHAUS, NOEMI GROSHAUS, NOEM! NAME NAME STREET ADDRESS 4970 S.W. 72 AVENUE, #109 150 S.E.SECOND AVENUE # 1200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 MIAMI, FL 33131 CITY-ST-7IP TITI E Delete TITLE ☐ Change ☐ Addition NAME NAME _________ STREET ADDRESS STREET ADDRESS ______ CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TiTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP πn.ė Oelete TITLE ☐ Change ☐ Addition NUE NAME ______ STREET ADDRESS STREET ADDRESS -------CITY-ST-ZIP CITY - ST - 7IP 12. I hereby certify that the information supplies 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 suppliemental report is vive 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 fivestee 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.

JOHN GUGIG

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 2005

Deytime Phone #

FILED