**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # M41769  1. Entity Name INNEX INVESTMENT CORP.					Feb 16, 2004 08:00 AM Secretary of State
Principal Place of Business 8004 NW 154 ST #243 MIAMI LAKES FL 33016		Mailing Address 8004 NW 154 ST #243 MIAMI LAKES FL 33016			\$ (EB)(BB)() (() B)(BB) (10)() (DB)(B ()()() (DB)(B ()()() ()()()()()()()()()()()()()()
2. Principal Place of Business		3. Mailing Address			
Surte, Apt. #, etc		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State		City & State			4. FEI Number 59-2744248 Applied For Not Applied by Not Applied For Not Applie
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
SUITE 243 MIAMI LAKES FL 33016				Street Address (	P.O. Box Number is Not Acceptable)
				City	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  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent agrature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10.	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	QUINTANA, JORGE PRESS 8004 NW 154 STREET, SUITE 243		TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	U00000052622 □ <sup>Change</sup> □ Addition 02/16/04-80099-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUINTANA, JORGE 8004 NW 154ST #243 MIAMI LAKES FL 33016	☐ Delete	TITLE NAME STREET CITY -S	I ADDRESS 51-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-5	F ADDRESS ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Selete	TITLE NAME STREET CITY-S	( ADDRESS ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	( Address St-Zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deletie	CITY-S		☐ Change ☐ Addition
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 a address, with all other like empowered.  SIGNATURE:					

**FILED** 

2-3-04 (305)479-4115

Date Dayline Phone #