

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P00000014538**

1. Entity Name  
**ONIX INVESTMENTS, INC.**



Principal Place of Business  
**881 OCEAN DRIVE  
#19G  
KEY BISCAYNE, FL 33149**

Mailing Address  
**2550 NW 72 AVE  
216  
MIAMI, FL 33122**

**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1033309</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LANCASTER, KENNETH M CPA  
50 W. MASHTA DRIVE #6  
KEY BISCAYNE, FL 33149**

**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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	HERRERA, JORGE
STREET ADDRESS	210 SEAVIEW DRIVE, #612
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	D
NAME	HERRERA, EDUARDO
STREET ADDRESS	210 SEAVIEW DRIVE, #612
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	TD
NAME	HERRERA, ADRIANO
STREET ADDRESS	210 SEAVIEW DRIVE, #612
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	PD
NAME	BUENO, MARIA G
STREET ADDRESS	210 SEAVIEW DRIVE #612
CITY-ST-ZIP	KEY BISCAYNE, FL 33149

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/07-80009-021 150.00

**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

01/31/07

Date

305-318-4407

Daytime Phone #