

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV 14 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000014538	
1. Entity Name ONIX INVESTMENTS, INC.	



Principal Place of Business 881 OCEAN DRIVE #196 KEY BISCAYNE, FL 33149	Mailing Address 2550 NW 72 AVE 216 MIAMI, FL 33122
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2. Principal Place of Business - No P.O. Box # 881 OCEAN DRIVE Suite, Apt. #, etc. TH 9	3. Mailing Address 881 SW 124th AVE Suite, Apt. #, etc. UNIT 101
City & State KEY BISCAYNE, FL	City & State MIAMI, FL
Zip 33149	Country USA



09142007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent LANCASTER, KENNETH M CPA 50 W. MASHTA DRIVE #6 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaining)  
Signature, typed or printed name of registered agent and title if applicable DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERRERA, JORGE 210 SEAVIEW DRIVE, #612 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500112335125 11/15/07--01030--006 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, EDUARDO 210 SEAVIEW DRIVE, #612 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. HERBERA, EDUARDO 210 SEAVIEW DR. #612 KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERRERA, ADRIANO 210 SEAVIEW DRIVE, #612 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD. HERBERA, ADRIANA 210 SEAVIEW DR #612 KEY BISCAYNE FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUENO, MARIA G 210 SEAVIEW DRIVE #612 KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this report 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: EDUARDO HERRERA NOV 06/2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
11/19