2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 25, 2004 08:00 AM Secretary of State DOCUMENT # P00000033398 1. Entity Name INVERSIONES MANX, INC. Principal Place of Business Mailing Address 9737 N.W. 41 STREET, #186 9737 N.W. 41 STREET.#186 MIAMI, FL 33178 MIAMI, FL 33178 03092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1014969 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STROM, MAX DO NOT WRITE 9737 N.W. 41 STREET.#186 MIAMI, FL 33178 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_ (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. H00000096384 After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME STROM, MAX STREET ADDRESS 9737 N.W. 41 STREET,#186 CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

SIGNATURE: _X

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR