FILED
Mar 21, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000045421

1. Entity Name
NIXMAR INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD., #501 CORAL GABLES, FL 33324	901 PONCE DE LEON BLVD., #501 CORAL GABLES, FL 33324

DO NOT WRITE IN THIS SPACE

02032005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0140239
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IRIONDO, ANDRES J
901 PONCE DE LEON BLVD., #501
CORAL GABLES, FL 33324

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALVIS, NICEFORO
STREET ADDRESS	CALLE 98 15-17, SUITE 703
CITY-ST-ZIP	BOGOTA, COLOMBIA,
TITLE	VD
NAME	GALVIS, LUZ MARY
STREET ADDRESS	CALLE 98 15-17, SUITE 703
CITY-ST-ZIP	BOGOTA, COLOMBIA,
TITLE	SD
NAME	GALVIS, FERNANDO
STREET ADDRESS	CALLE 98 15-17, SUITE 703
CITY-ST-ZIP	BOGOTA, COLOMBIA,
TITLE	AS
NAME	IRIONDO, ANDRES J
STREET ADDRESS	901 PONCE DE LEON BLVD, STE 501
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80083-012 150.00

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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: A.J. IRIONDO 2-3-05 305-4450611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #