

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046701

FILED
Jan 07, 2005
Secretary of State

Entity Name: DIRECT XCHANGE CORPORATION

Current Principal Place of Business:

2933 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2933 COLLINS AVENUE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-1019316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIANO, GERARDO
14001 HARPER FERRY ST
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: KOZLOVIZ, SERGIO
Address: 20020 N W 83 CT
City-St-Zip: MIAMI, FL 33015

Title: SD () Delete
Name: BLOCHENE, ROBERTO
Address: 12259 N W 32ND MANOR
City-St-Zip: SUNRISE, FL 33323

Title: TD () Delete
Name: BLOCHENE, MARCELO
Address: 12259 N.W. 32ND MANOR
City-St-Zip: SUNRISE, FL 33323

Title: VPD () Delete
Name: SCHIAVO, GERARDO
Address: 14001 HARPER FERRY STREET
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO KOZLOVIZ

PDS

01/07/2005

Electronic Signature of Signing Officer or Director

Date