

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055130

Entity Name: ONIX SOLUTIONS, INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

6710 BULL RUN RD.
G466
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

6710 BULL RUN RD.
G466
MIAMI, FL 33014

New Mailing Address:

FEI Number: 65-1014321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALIERE, VINCENZO
6710 BULL RUN RD #G466
MIAMI, FL 33014 US

Name and Address of New Registered Agent:

CAVALIERE, VINCENZO
6710 BULL RUN RD
G466
MIAMI, FL 33014 US

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: VINCENZO CAVALIERE

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAVALIERE, VINCENZO
Address: 6710 BULL RUN RD. #G466
City-St-Zip: MIAMI, FL 33014

Title: VD () Delete
Name: DASILVA, JORGE
Address: 6710 BULL RUN RD. #G466
City-St-Zip: MIAMI, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VINCENZO CAVALIERE

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date