

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059577

Entity Name: KRYOGENIFEX, INC.

FILED
Apr 12, 2005
Secretary of State

Current Principal Place of Business:

310 NW 24 ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

PO BOX 211
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-1018918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-HURTADO, JOSIE
600 GRAPETREE DRIVE #505
KEY BISCAYNE, FL 33149 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: P () Delete
Name: GENZALEZ, ALEJANDRO J
Address: 101 COLLINS AVENUE #21
City-St-Zip: MIAMI, FL 33139

Title: S () Delete
Name: LEAMAN, ROBERT DEAN
Address: 50 OCEAN LANE DRIVE #205
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: VALDES-HURTADO, RAUL
Address: 600 GRAPETREE DRIVE #505
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: VALDES-HURTADO, JOSIE
Address: 600 GRAPETREE DRIVE #505
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: LEAMAN, REBECA G
Address: 50 OCEAN LANE DRIVE #205
City-St-Zip: KEY BISCAYNE, FL 33149

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:

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: RAUL VALDES-HURTADO

T

04/12/2005

Electronic Signature of Signing Officer or Director

Date