

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069560

Entity Name: KATALYX, INC.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

150 WEST FLAGLER STREET
SUITE 2500 C/O THOMAS J. QUARLES
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

150 WEST FLAGLER STREET
SUITE 2500 C/O THOMAS J. QUARLES
MIAMI, FL 33130

New Mailing Address:

FEI Number: 52-2226382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUARLES, THOMAS J
150 WEST FLAGLER STREET
SUITE 2500
MIAMI, FL 33130 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: PD () Delete
Name: SANCHEZ TRASOBARES, ELISEO
Address: 150 WEST FLAGLER STREET, SUITE 2500
City-St-Zip: MIAMI, FL 33130

Title: CFOD () Delete
Name: FEDRIANI, JAVIER
Address: 150 WEST FLAGLER STREET, SUITE 2500
City-St-Zip: MIAMI, FL 33130

Title: TD () Delete
Name: SANCHEZ CABEZON, VICENTE
Address: 150 WEST FLAGLER STREET, SUITE 2500
City-St-Zip: MIAMI, FL 33130

Title: SD (X) Delete
Name: PAREJA PALLARES, CRISTINA
Address: 150 WEST FLAGLER STREET, SUITE 2500
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PIZARRO, PETE
Address: 150 WEST FLAGLER STREET, SUITE 2500
City-St-Zip: MIAMI, FL 33130

Title: CFOD (X) Change () Addition
Name: MEDINA, VICTORIA
Address: 150 WEST FLAGLER STREET, SUITE 2500
City-St-Zip: MIAMI, FL 33130

Title: S (X) Change () Addition
Name: QUARLES, THOMAS J
Address: 150 WEST FLAGLER STREET, SUITE 2500
City-St-Zip: MIAMI, FL 33130

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 Chapter 119, 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: THOMAS J. QUARLES

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02/15/2006

Electronic Signature of Signing Officer or Director

_____ Date