

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000085697

1. Entity Name
ONIX DEL CARIBE INC.



Principal Place of Business
3142 SW 64TH AVE
MIAMI, FL 33155

Mailing Address
3142 SW 64TH AVE
MIAMI, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1054181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, RITA
3142 S.W. 64 AVE
MIAMI, FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Rita Sanchez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SANCHEZ, RITA
STREET ADDRESS 3142 SW 64 AVE
CITY-ST-ZIP MIAMI, FL 33155 ☒ Delete

TITLE P
NAME *JUAN L GONZALEZ*
STREET ADDRESS *3142 SW 64 AVE*
CITY-ST-ZIP *MIAMI FLA 33155* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME *RITA SANCHEZ*
STREET ADDRESS *3142 SW 64 AVE*
CITY-ST-ZIP *MIAMI, FLA 33155* ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Rita Sanchez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

MW

FILED
05 FEB 14 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

