

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90067 047 ***150.00

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04022007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000032216 1. Entity Name PAX MANAGEMENT, CORP.					
Principal Place of Business 7452 W 8 AVE HIALEAH, FL 33012			Mailing Address 7452 W 8 AVE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # 6280 NW 111 TER <small>Suite, Apt. #, etc.</small>		3. Mailing Address 6280 NW 111 TER <small>Suite, Apt. #, etc.</small>			
City & State HIALEAH, FLORIDA <small>Zip Country</small> 33012 USA		City & State HIALEAH, FLORIDA <small>Zip Country</small> 33012 USA		4. FEI Number 65-1090665	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GONZALEZ, JOSE C 7452 W 8TH AVE HIALEAH, FL 33014			7. Name and Address of New Registered Agent Name GONZALEZ, JOSE C Street Address (P.O. Box Number is Not Acceptable) 6280 NW 111 TER City HIALEAH FL Zip Code 33012		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE S		NAME	GONZALEZ, JOSE S	
STREET ADDRESS	7452 W 8 AVE		STREET ADDRESS	7225 W 11TH CT APT 204	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL 33014	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE C		NAME	GONZALEZ, JOSE C	
STREET ADDRESS	7452 W 8TH AVE		STREET ADDRESS	6280 NW 111 TER	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jose C. Gonzalez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSE C. GONZALEZ			Date 4/11/07 Daytime Phone # (786) 299-7305		