2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000087493

Entity Name: AMERIX INVESTMENTS, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
777NW72A SUITE 2078 MIAMI, FL	3						
Current Mailing Address:				New Mailing Address:			
777NW72A SUITE 2078 MIAMI, FL	3						
FEI Number:	01-0681638	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name a					nd Address of New Registered Agent:		
TAWIL, ABI 777NW72A MIAMI, FL	VE	S		TAWIL, ON 777NW72A MIAMI, FL	NE	Js	
The above in the State		y submits this statement for the p	urpose o	f changing it	ts registere	ed office or registered agent, or both,	
SIGNATURE: D				04/27/2007			
	Electr	onic Signature of Registered Age	ent			Date	
Election Cam	npaign Financ	ing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PSTD TAWIL, MOH 777NW72AV MIAMI, FL 3	E		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TAWIL, ABD	E SUITE2078		Title: Name: Address: City-St-Zip:	D TAWIL, OM 777NW72A MIAMI, FL	VE SUITE2078	
Title: Name: Address: City-St-Zip:	TAWIL, RAN	E SUITE2078		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR TAWIL, KHAI 777 NW72A\ MIAMI, FL 3	LED /E SUITE2078		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete		Title: Name: Address: City-St-Zip:	MGR TAWIL, ABI 777NW72A MIAMI, FL	VE SUITE2078	

I hereby certify that the information supplied with this filing does not qualify 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: WALID PSD 04/27/2007