


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90351 032 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01000101799*
 1. Entity Name
 VX INC



90098019

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4158 SAPPHERE TER
 Suite, Apt. #, etc.

3. Mailing Address
 4158 SAPPHERE TER
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 WESTON, FL

City & State
 WESTON, FL

4. FEI Number 90-0002942 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 33331 Country USA Zip 33331 Country USA

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ENRIQUE J. FERNANDEZ
 Street Address (P.O. Box Number is Not Acceptable)
 4158 SAPPHERE TER
 City WESTON FL Zip Code 33331

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 *[Signature]*

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Enrique J. Fernandez 4158 Sapphire Ter. Weston, FL 33331 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
 IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/2003

Date: Daytime Phone #

CR2E034B (12/02)