

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000053152

**Entity Name:** STRATEGIX CONSULTING, INC.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

420 E OAKHURST ST  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

420 E OAKHURST ST  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VELAZQUEZ, JUAN C  
4500 HOLLYTREE CT  
#209  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

VELAZQUEZ, JUAN C  
4412 SHADOWCREST DR  
#209  
ORLANDO, FL 32811 US

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: JUAN VELAZQUEZ

01/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: VELAZQUEZ, JUAN C  
Address: 4412 SHADOW CREST PLACE  
City-St-Zip: ORLANDO, FL 32811

Title: VD  
Name: VELAZQUEZ, JUAN C  
Address: 4412 SHADOW CREST PLACE  
City-St-Zip: ORLANDO, FL 32811

I hereby 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 all other like empowered.

SIGNATURE: JUAN VELAZQUEZ

CEO

01/04/2011

Electronic Signature of Signing Officer or Director

Date