
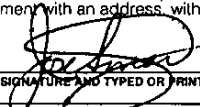


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000075207</b> 1. Entity Name <b>DX HOLDINGS INC.</b>			
Principal Place of Business <b>11098 BISCAYNE BLVD. SUITE 403 MIAMI, FL 33161</b>		Mailing Address <b>11098 BISCAYNE BLVD. SUITE 403 MIAMI, FL 33161</b>	
2. Principal Place of Business <b>1200 - 100th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>1200 - 100th Street</b> Suite, Apt. #, etc.	
City & State <b>Bay Harbor, FL</b> Zip <b>33154</b> Country <b>Dade</b>		City & State <b>Bay Harbor, FL</b> Zip <b>33154</b> Country <b>Dade</b>	
		04262005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>55-0804706</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DADE CORPORATE SERVICES, INC. 2300 CORAL WAY SUITE 103 MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINAI, JOSE	NAME	
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 403	STREET ADDRESS	<b>1200-100th Street</b>
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	<b>Bay Harbor, FL 33154</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IASLOVITS, LAUREN	NAME	
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 403	STREET ADDRESS	<b>1200-100th Street</b>
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	<b>Bay Harbor, FL 33154</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINAI, DAVID	NAME	
STREET ADDRESS	11098 BISCAYNE BLVD., SUITE 403	STREET ADDRESS	<b>1200-100th Street</b>
CITY-ST-ZIP	MIAMI, FL 33161	CITY-ST-ZIP	<b>Bay Harbor, FL 33154</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	<b>400054010354</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>05/06/05--01054--025 **158.75</b>
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 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.			
<b>SIGNATURE:</b> 		<b>JOSE SINAI</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <b>4/27/05</b> <small>Daytime Phone #</small> <b>305 891 2300</b>	

FILED  
05 MAY -2 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

