


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000097567	
1. Entity Name PROFINEX, INC.	

Principal Place of Business 4371 NORTHLAKE BLVD STE 295 PALM BEACH GARDENS, FL 33410	Mailing Address 4371 NORTHLAKE BLVD STE 295 PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE



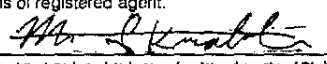
04102005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0748062	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKRABOLA, MIROSLAV 4371 NORTHLAKE BLVD STE 295 PALM BEACH GARDENS, FL 33410
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IN THIS SPACE**

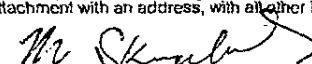
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKRABOLA, MIROSLAV 4371 NORTHLAKE BLVD STE 295 PALM BEACH GARDENS, FL 33410
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04/18/05-80119-013 158.75

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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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/02/05 Date Daytime Phone #