


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000015324	
1. Entity Name PIRIX CORPORATION	

Principal Place of Business 1010 SW 86TH CT. MIAMI, FL 33144	Mailing Address 1010 SW 86TH CT. MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1151745	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE CASTRO, ARTURO F 1010 SW 86TH CT. MIAMI, FL 33144	DO NOT WRITE IN THIS SPACE
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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 re-registering)) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD CORCUERA, ALBERTO A 1010 SW 86TH CT. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARCEO, LULU A 1010 SW 86TH CT. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARCEO, ALBERTO JR. 1010 SW 86TH CT. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARCEO, ALEXANDRO 1010 SW 86TH CT. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARCEO, AMIRA DEL R 1010 SW 86TH CT. MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000583678
01/12/07-80006-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Alberto Arceo 01-08-07 305-2610770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #