



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90533 034 ***150.00

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|---|---------------------------------|---|---|--|--|
| DOCUMENT # P03000023706 | | | |  | |
| 1. Entity Name INYX CORP. | | | | | |
| Principal Place of Business 108 SW 1 AVE HALLANDALE, FL 33009 | | | Mailing Address 108 SW 1 AVE HALLANDALE, FL 33009 | | |
| 2. Principal Place of Business 19380 Collins Ave. | | 3. Mailing Address 19380 Collins Ave | |  04302005 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. Ste 307 | | Suite, Apt. #, etc. Ste 307 | | | |
| City & State Sunny Isles Beach FL | | City & State Sunny Isles Beach FL | | | |
| Zip 33160 | | Zip 33160 | | | |
| Country USA | | Country USA | | 4. FEI Number 54-2098426 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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)</small> <div style="text-align: right;">DATE _____</div> | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PTD NAME ORTEGON, MARIO STREET ADDRESS 108 SW 1 AVE CITY-ST-ZIP HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | | TITLE PTD NAME ORTEGON, MARIO STREET ADDRESS 19380 Collins Ave Ste 307 CITY-ST-ZIP Sunny Isles Beach FL 33160 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VSD NAME MOLINA, GUSTAVO D STREET ADDRESS 108 SW 1 AVE CITY-ST-ZIP HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | | TITLE VSD NAME MOLINA, GUSTAVO STREET ADDRESS 19380 Collins Ave Ste 307 CITY-ST-ZIP Sunny Isles Beach FL 33160 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME ORTEGON, MARTIZA STREET ADDRESS 108 SW 1 AVE CITY-ST-ZIP HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | | TITLE D NAME ORTEGON, MARTIZA STREET ADDRESS 19380 Collins Ave Ste 307 CITY-ST-ZIP Sunny Isles Beach FL 33160 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: 04/28/05 (954) 5583886 <small>Daytime Phone #</small> | | |