

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90168 036 ***150.00

DOCUMENT # P03000023706 1. Entity Name INIX CORP.			
Principal Place of Business 19380 COLLINS AVE SUITE 307 SUNNY ISLES BEACH, FL 33160 US		Mailing Address Y19380 COLLINS AVE SUITE 307 SUNNY ISLES BEACH, FL 33160 US	
2. Principal Place of Business - No P.O. Box # 19370 Collins Ave		3. Mailing Address 19370 Collins Ave	
Suite, Apt. #, etc. Suite 1626		Suite, Apt. #, etc. Suite 1626	
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		Applied For <input type="checkbox"/> Not Applicable	
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 FL 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 file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	TITLE PTD	NAME MARIO ORTEGON
STREET ADDRESS 19380 COLLINS AVENUE, SUITE 307	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	STREET ADDRESS 19370 Collins Ave Ste 1626	CITY-ST-ZIP Sunny Isles Beach FL 33160
TITLE D	NAME ORTEGON, MARTIZA	TITLE D	NAME ORTEGON MARTIZA
STREET ADDRESS 19380 COLLINS AVENUE, SUITE 307	CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160	STREET ADDRESS 19370 Collins Ave Ste 1626	CITY-ST-ZIP Sunny Isles Beach FL 33160
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/29/08 Daytime Phone # 786 444 0605	