



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90084 010 \*\*\*150.00

<b>DOCUMENT # P03000063666</b>					
<b>1. Entity Name</b> ARX SOLUTIONS INC.					
<b>Principal Place of Business</b> 2699 COLLINS AVENUE, #120 MIAMI BEACH, FL 33140			<b>Mailing Address</b> 2699 COLLINS AVENUE, #120 MIAMI BEACH, FL 33140		
<b>2. Principal Place of Business</b> 2699 COLLINS AVENUE Suite, Apt. #, etc. 113		<b>3. Mailing Address</b> 2699 COLLINS AVENUE Suite, Apt. #, etc. 113			
<b>City &amp; State</b> MIAMI BEACH, FL		<b>City &amp; State</b> MIAMI BEACH, FL		<b>4. FEI Number</b> 90-0087783	
<b>Zip</b> 33140 <b>Country</b> DADE		<b>Zip</b> 33140 <b>Country</b> DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NAVARRO, GONZALO H 2699 COLLINS AVENUE, #120 MIAMI BEACH, FL 33140			<b>7. Name and Address of New Registered Agent</b> Name NAVARRO, GONZALO H Street Address (P.O. Box Number is Not Acceptable) 2699 COLLINS AVENUE Suite #113 City MIAMI BEACH FL Zip Code 33140		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD NAVARRO, GONZALO H 2699 COLLINS AVENUE, #120 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD NAVARRO, GONZALO H 2699 COLLINS AVENUE, #113 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VD NAVARRO, PATRICIO M 2699 COLLINS AVENUE, #120 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VD NAVARRO, PATRICIO M 2699 COLLINS AVENUE, #113 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD CONRAD LEON, ANDREA K 2699 COLLINS AVENUE, #120 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	TD CONRAD LEON, ANDREA K 2699 COLLINS AVENUE, #113 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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>					
<b>SIGNATURE:</b> _____			5/2/05 305-531-2199		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		