

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063666

Entity Name: ARX SOLUTIONS INC.

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2699 COLLINS AVE
113
MIAMI BEACH, FL 33140

Current Mailing Address:

2699 COLLINS AVE
113
MIAMI BEACH, FL 33140

New Principal Place of Business:

1000 PONCE DE LEON BLVD
STE 212
CORAL GABLES, FL 33134 US

New Mailing Address:

1000 PONCE DE LEON BLVD
STE 212
CORAL GABLES, FL 33134 US

FEI Number: 90-0087783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, PATRICIO M
2699 COLLINS AVENUE, #113
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

NAVARRO, PATRICIO M
1000 PONCE DE LEON BLVD
STE 212
CORAL GABLES, FL 33134 US

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.

SIGNATURE: PATRICIO NAVARRO

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAVARRO, GONZALO H
Address: 2699 COLLINS AVE, # 113
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD (X) Delete
Name: NAVARRO, PATRICIO M
Address: 2699 COLLINS AVE, # 113
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: CONRAD LEON, ANDREA K
Address: 2699 COLLINS AVE, # 113
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NAVARRO, PATRICIO
Address: 1000 PONCE DE LEON BLVD STE 212
City-St-Zip: CORAL GABLES, FL 33134 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIO NAVARRO

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date