2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085052

Entity Name: MCX CORPORATION

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1290 WESTON RD STE 306-C9 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

18887 SW 25 CT. 1851 NW 125TH AVE MIRAMAR, FL 33029 310

PEMBROKE PINES, FL 33028

FEI Number: 20-0129190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GBS CONSULTANYS 1290 WESTON RD STE 306-C9 WESTON, FL 33326 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PD (X) Change () Addition

 Name:
 LUACES, MANUEL
 Name:
 PAREDES, ZULYS C

 Address:
 1290 WESTON RD STE 306-C9
 Address:
 1851 NW 125TH AVE

City-St-Zip: WESTON, FL 33326 City-St-Zip: PEMBROKE PINES, FL 33028

Name: LUACES, MANUEL Name: LUACES, MANUEL

 Address:
 1290 WESTON RD STE 306-C9
 Address:
 1290 WESTON RD STE 306-C9

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33326

Title: SIER () Delete Title: T (X) Change () Addition

Name: SIERRA, TOMAS Name: SIERRA, TOMAS

Address: 1290 WESTON RD STE 306-C9 Address: 1290 WESTON RD STE 306-C9

City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ZULYS C PAREDES PD 04/30/2005