

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085052

FILED
Apr 28, 2006
Secretary of State

Entity Name: MCX CORPORATION

Current Principal Place of Business:

1290 WESTON RD STE 306-C9
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1851 NW 125TH AVE
310
PEMBROKE PINES, FL 33028

New Mailing Address:

1151 NW 141 AVE
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:

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

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: PAREDES, ZULYS C
Address: 1851 NW 125TH AVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: LUACES, MANUEL
Address: 1290 WESTON RD STE 306-C9
City-St-Zip: WESTON, FL 33326

Title: T () Delete
Name: SIERRA, TOMAS
Address: 1290 WESTON RD STE 306-C9
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ZULYS PAREDES

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date