

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128729

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: J MARLIX, CORP.

## Current Principal Place of Business:

2127 RIVER TREE CIRCLE  
APT. 302  
ORLANDO, FL 32839

## New Principal Place of Business:

4684 CASON COVE DRIVE  
APT.106  
ORLANDO, FL 32811

## Current Mailing Address:

2127 RIVER TREE CIRCLE  
APT. 302  
ORLANDO, FL 32839

## New Mailing Address:

4684 CASON COVE DRIVE  
APT.106  
ORLANDO, FL 32811

FEI Number: 20-0386416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GBS CONSULTANTS  
1290 WESTON ROAD  
SUITE 306  
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: PSTD ( ) Delete  
Name: MORENO, JHONNY  
Address: 2127 RIVER TREE CIRCLE  
City-St-Zip: ORLANDO, FL 32839

Title: VP ( ) Delete  
Name: MORENO, JHONNY  
Address: 2127 RIVER TREE CIRCLE  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: FIGUEREDO, EDGARDO  
Address: 4684 CASON COVE DRIVE APT. 106  
City-St-Zip: ORLANDO, FL 32811

Title: VP (X) Change ( ) Addition  
Name: FIGUEREDO, EDGARDO  
Address: 4684 CASON COVE DRIVE APT. 106  
City-St-Zip: ORLANDO, FL 32811

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: EDGARDO FIGUEREDO

PSTD

01/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date