2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P03000151184** 1. Entity Name 05 SEP 21 5% 4: 10 PAXIÇO, INC. Mailing Address Principal Place of Business 3057 NEW YORK STREET 3057 NEW YORK STREET MIAMI, FL 33133 MIAMI, FL 33133 3075 VIRGINIA STREET 3075 VIRGINIA STREET CR2E034 (10/03) 09122005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0481669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MEINHARDT, MEL 3057 NEW YORK STREET MIAMI, FL 33133 IN THIS SPACE 3075 VIRGINIA ST 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. 400059797414 09/21/05--01003--008 **150.00 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. D TITLE MEINHARDT, MEL NAME STREET ADDRESS 3057 NEW YORK-STREET 3075 VIRGINIA ST. CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 peoprt 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 trusteelempowered 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 addless, with all other like empowered.

SIGNATURE: 💆

NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

× 9-7-05

305-448-1290

Date