


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 026 ***150.00

DOCUMENT # P04000054120	
1. Entity Name FNX CORPORATION	

Principal Place of Business 15970 W. SR 84 #244 WESTON, FL 33326	Mailing Address 15970 W. SR 84 #244 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box # 16119 Emerald Cove Rd.	3. Mailing Address 16119 Emerald Cove Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Weston, FL	City & State Weston, FL
Zip 33331	Zip 33331
Country U.S.A.	Country U.S.A.

04022008 Chg-P CR2E034 (12/06)

4. FEI Number 42-1624347	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, MYRIAM 16119 EMERALD COVE RD WESTON, FL 33331

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE  DATE **04/02/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, MYRIAM 16119 EMERALD COVE RD WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, MYRIAM 16119 EMERALD COVE RD FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **04/02/08** (954) 701-0341

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054120

Entity Name: FNX CORPORATION

FILED
Apr 15, 2007
Secretary of State

ATTACHMENT

40058901

Current Principal Place of Business:

15970 W. SR 84 #244
WESTON, FL 33326

New Principal Place of Business:

16119 Emerald Cove Rd
Weston, FL 33331

Current Mailing Address:

15970 W. SR 84 #244
WESTON, FL 33326

New Mailing Address:

16119 Emerald Cove Rd
Weston, FL 33331

FEI Number: 42-1624347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

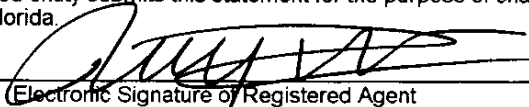
Name and Address of Current Registered Agent:

TORRES, MYRIAM
16119 EMERALD COVE RD
WESTON, FL 33331 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

04/02/08
Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, MYRIAM
Address: 16119 EMERALD COVE RD
City-St-Zip: WESTON, FL 33331

Title: S () Delete
Name: TORRES, MYRIAM
Address: 16119 EMERALD COVE RD
City-St-Zip: FORT LAUDERDALE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MYRIAM TORRES

P

04/15/2007

Electronic Signature of Signing Officer or Director

Date