


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90160 029 \*\*\*150.00

<b>DOCUMENT # P04000074198</b>	
1. Entity Name <b>ONIX CORP</b>	

Principal Place of Business <b>3587 NW FED HWY JENSEN BEACH, FL 34957</b>	Mailing Address <b>3587 NW FED HWY JENSEN BEACH, FL 34957</b>
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2. Principal Place of Business <b>894 WOODLANDS DR</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>PORT ST LUCIE</b>	City & State
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Zip <b>34952</b>	Country <b>S.L.C</b>	Zip	Country
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02152006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1107712</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent <b>INCORPORATE USA, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761</b>	
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7. Name and Address of New Registered Agent Name <b>BAISBURD, JAVIER ADRIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>894 WOODLANDS DR</b> City <b>PORT ST LUCIE FL</b> Zip Code <b>34952</b>	
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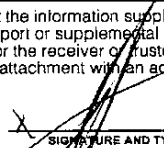
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	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	<b>P BAISBURD, JAVIER A 894 WOODLANDS DR PORT ST. LUCIE, FL 34952</b> <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	<b>VP BAISBURD CASOY, GISELA A 894 WOODLANDS DR PORT ST. LUCIE, FL 34952</b> <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
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
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.

<b>SIGNATURE:</b> 	DATE	Daytime Phone #
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