

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90106 031 ***150.00

DOCUMENT # P04000128325
1. Entity Name MLX Management Inc

14016370

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 43376 HATTEN CROSS CT. Suite, Apt. #, etc. 8070 STATE ROAD 6 WEST	3. Mailing Address 8070 STATE ROAD 6 WEST 43376 HATTEN CROSS CT. Suite, Apt. #, etc.
City & State Ashburn, VA JASPER, FL	City & State Ashburn, VA JASPER, FL
Zip 20147 32052	Country HAMILTON
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4. FEI Number 74-3129965	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name RUDSER, DONALD K ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 104 SE CENTRAL AVE.	
City JASPER FL 32052	Zip Code 32052

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMESH GANDHI, RAMESH 43376 HATTEN CROSS CT. ASHBURN VA 20147-4538	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gandhi (Ramesh Gandhi) 3/14/05 703-846-3203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #