

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90156 030 \*\*\*150.00

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

<b>DOCUMENT #</b> P04000128325 1. Entity Name MLX Management Inc	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 43376 HATTEN CROSS CT. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Ashburn, VA	City & State	Zip 20147	Country
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4. FEI Number 74-3129965	Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	

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<b>7. Name and Address of Current Registered Agent</b>	
Name Rudser Donald K Esq.	
Street Address (P.O. Box Number is Not Acceptable) 104 SE Central Ave	
City Jaspal	State <b>FL</b> 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  
 Make Check Payable to Florida Department of State

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramesh Gandhi 43376 Hatten Cross Street Ashburn, VA 20147-4538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.	
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: *R Gandhi*      4-15-06      386-792-1640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #