## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P04000165445** 1. Entity Name 04-11-2005 90137 031 \*\*\*150.00 RIX CORP. Principal Place of Business Mailing Address 4705 NW21STCT 4705 NW21STCT dunatosa COCONUT CPEEK FL 33063 COCONUT CPEEK RL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. EEL Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ----7.-Name and Address of New Registered Agent. Name SACHLIS, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 4705 N.W. 21ST CT COCONUT CREEK, FL 33063 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algenture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete MLE TITLE Change ☐ Addition NAME SACHLIS, RICHARD S NAME STREET ADDRESS 4705 N.W. 21ST CT STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33063 CITY-ST-7IP MLE ☐ Delete TITLE Change Addition SACHLIS, TRACEY L NAME STREET ADDRESS 4705 N.W. 21ST CT STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33063 CITY-ST-7IP TITLE ☐ Defete ☐ Change ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE