

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90402 004 ***150.00

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1. Entity Name
IDEAFIX INVESTMENTS, INC.

Principal Place of Business
**10800 N.W. 21 STREET #200
 MIAMI, FL 33172**

Mailing Address
**10800 N.W. 21 STREET #200
 MIAMI, FL 33172**



2. Principal Place of Business
3900 NW 79TH AVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 729

Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State
DORAL FL

City & State

4. FEI Number
74-3137712

Applied For
 Not Applicable

Zip
33166

Country
MIAMI-DADE

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPARZA, JOSE J
 2501 SO. DOUGLAS RD.
 #606
 MIAMI, FL 33133**

Name
 Street Address (P.O. Box Number is Not Acceptable)
3900 NW 79TH AVE SUITE 729
 City **DORAL** FL Zip Code **33166**

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

Jose J. Esparza

4/12/06

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

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D**
 STREET ADDRESS **ESPARZA, JOSE J**
 CITY-ST-ZIP **2501 SO. DOUGLAS RD #606
 MIAMI, FL 33133**

TITLE Change Addition
 NAME **3900 NW 79TH AVE SUITE 729**
 STREET ADDRESS **DORAL FL 33166**
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **MANGANELLY, EDUARDO**
 CITY-ST-ZIP **9935 N.W. 123RD STREET
 HIALEAH, FL 33018**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Jose J. Esparza*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06 305-4061711
 Date Daytime Phone #