2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90078 039 ***150.00

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1. Entity Name
IDEAFIX INVESTMENTS, INC.

400094600

03222007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
3900 NW 79TH AVE STE 729 DORAL, FL 33166	10800 N.W. 21 STREET #200 MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11057 NW 122ND ST	11057 NW 122ND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MEDLEY FL	City & State: MEDLEY FL
Zip: 33178 Country: MIAMI-DADE	Zip: 33178 Country: MIAMI-DADE

4. FEI Number: 74-3137712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESPARZA, JOSE J
3900 NW 79TH AVE
STE 729
DORAL, FL 33166

7. Name and Address of New Registered Agent

Name: JOSE J ESPARZA
Street Address (P.O. Box Number is Not Acceptable): 11057 NW 122ND ST
City: MEDLEY FL Zip Code: 33178

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESPARZA, JOSE J 3900 NW 79TH AVE., STE 729 DORAL, FL 33166	☐ Delete	JOSE J ESPARZA 11057 NW 122ND ST MEDLEY FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANGANELLY, EDUARDO 9935 N.W. 123RD STREET HIALEAH, FL 33018	☐ Delete	EDUARDO MANGANELLY 11057 NW 122ND ST MEDLEY FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: [signature] 4/5/07 305 885 6722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #