

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90078 039 ***150.00

DOCUMENT # P05000005292	
1. Entity Name IDEAFIX INVESTMENTS, INC.	

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

2. Principal Place of Business - No P.O. Box # 11057 NW 122ND ST Suite, Apt. #, etc.	3. Mailing Address 11057 NW 122ND ST Suite, Apt. #, etc.
--	--

City & State Medley FL	City & State Medley FL
Zip 33178	Country MIAMI-DADE
Zip 33178	Country MIAMI-DADE

40004200



03222007 Chg-P CR2E034 (12/06)

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

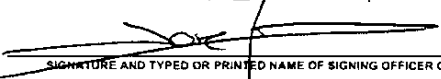
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose J ESPARZA ☒ Change ☐ Addition 11057 NW 122ND ST Medley FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGANELLY, EDUARDO 9935 N.W. 123RD STREET HIALEAH, FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDUARDO MANGANELLY ☒ Change ☐ Addition 11057 NW 122ND ST Medley FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  4/5/07 305.885.6422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #