

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006182

Entity Name: IDTRONIX, CORP.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

16300 NE 19TH AVE., STE. A
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

16300 NE 19TH AVE., STE. A
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 20-2160392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ MORAL, LORENA V.
16300 NE 19TH AVE. STE A
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, GUILLERMO
Address: 16300 NE 19TH AVE., STE. A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: S (X) Delete
Name: PACHECO, VERONICA
Address: 16300 NE 19TH AVE., STE. A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: T () Delete
Name: MARTHA, RODRIGUEZ
Address: 16300 NE 19TH AVE., STE. A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP () Delete
Name: REINHARD, HUBNER
Address: 16300 NE 19TH AVE., STE. A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D (X) Delete
Name: MONROE, PATRICK
Address: 16300 NE 19TH AVE., STE A
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO WILLIAMS

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date