

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038956

Entity Name: 2205 ONYX CORP

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

7029 FRANCISCO BEND DRIVE  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

## Current Mailing Address:

7029 FRANCISCO BEND DRIVE  
DELRAY BEACH, FL 33446

## New Mailing Address:

FEI Number: 20-2477338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOEL LEVY ASSOCIATES  
2101 CORPORATE BLVD NW  
SUITE 317  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

DAVID HIRSCH CPA  
175 W. CAMINO REAL  
BOCA RATON, FL 33432 US

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: DAVID HIRSCH

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GORRIN, LILLIAN  
Address: 7029 FRANCISCO BEND DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP ( ) Delete  
Name: EISNER, PHYLLIS  
Address: 12603 VIA LUCIA  
City-St-Zip: BOYNTON BEACH, FL 33446

Title: VP ( ) Delete  
Name: FRIEDMAN, MELVIN  
Address: 6121 POINTE REGAL CIR #305  
City-St-Zip: DELRAY BEACH, FL 33484

Title: V ( ) Delete  
Name: MADDURI, RAMACHANDRA R  
Address: 14 CACTUS CT  
City-St-Zip: EDISON, NJ 08820

Title: P ( ) Delete  
Name: GORRIN, LILLIAN  
Address: 7029 FRANCISCO BEND DR  
City-St-Zip: DELRAY BEACH, FL 33446 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition  
Name: FRIEDMAN, MELVIN  
Address: 6121 POINTE REGAL CIR #305  
City-St-Zip: DELRAY BEACH, FL 33484

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 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: LILLIAN GORRIN

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date