## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 18, 2006 8:00 am Secretary of State

DOCU 1. Entity Nam MXC, INC	ne	# P050000	053259				04-18-2006 90	0085 04	ł7 ***150.	.00	
Principal Place of Business			Mailing Address	Mailing Address				51	00132	78	
2444 SW 16TH ST. MIAMI, FL 33145			2444 SW 16TH ST. MIAMI, FL 33145								
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P		034 (11/05)		
City & State			City & State				265704	i a	No	plied For ot Applicable	
Zip		Country	Zip	Cour	ntry		of Status Desired		\$8.75 Add Fee Required		
	6. Name	and Address of Cui	rent Registered Agent		Name	7. Name and	d Address of New Re	gistered	Agent		
		MARCELINO					-				
2444 SW 1 MIAMI, FL				Street Address			per is Not Acceptable	) 			
	00140										
•					City			FL	Zip Code	8	
8. The above	named entit	y submits this statem	ent for the purpose of changing	its register	red office or regis	stered agent, or be	oth, in the State of Flo		- 1	and accept	
the obligat	tions of regist	tereti agent.		1		_		_,_/	11.		
SIGNATURĘ.	, Signature, typed	ma	agent and title if applicable.	<u>L</u>			·	9/ /	4/06	2	
	Softwards (Abed	or printed harne or registered	адент вистине и аррисарае.	O E: Hegisteri	ed Agent signature requ	uired when reinstating)	T				
		FEE IS \$150.00 6 Fee will be \$5				5.00 May Be Added to Fees					
10.	-	OFFICERS	AND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	CERS AND			
TITLE NAME	P CASANO	VAS, SR., MARCE	☐ Delete LINO	TITL Naa	- 1				☐ Change	☐ Addition	
STREET ADDRESS 2444 SW 16TH ST.				STREET							
CITY-ST-ZIP	MIAMI, FL	_ 33145		CITA	Y-ST-ZIP				· ———		
TITLE NAME	CASANO	VAS, JR., MARCEI	☐ Delete	TIT!	- 1				Change	☐ Addition	
STREET ADORESS	2444 SW			EET ADDRESS							
CITY-ST-ZIP	MIAMI, FL	33145		CITY	Y-ST-ZIP						
TITLE			☐ Delete	TITE	I				Change	Addition Addition	
NAME STREET ADDRESS				NAA STR	EET ADORESS						
CITY-ST-ZIP				CITY	r-ST-ZIP						
TITLE	-		☐ Delete	TITL	I	-			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAA STR	al: Eet address						
CITY-ST-ZIP					r-ST-ZIP						
TITLE			☐ Delete	TITL	i		•		☐ Change	Addition	
NAME STREET ADDRESS				NAM STR	AE EET ADDRESS						
CITY-ST-ZIP		•			Y-ST-ZIP						
TITLE			☐ Delete	TITL	£				Change '	Addition	
NAME STREET ADDRESS				NAA CTD	1						
CITY-SI-ZIP					EET ADDRESS Y-ST-ZIP						
12. I hereby	certify that th	e information supplied	d with this filing does not qualify out is true and accurate and the			ned in Chapter 11	9, Florida Statutes. I	further cer	tify that the ir	nformation	
indicated of the cor	on this reportion or the	n or supplemental re- ne receiver or trustee	ort is true and accurate and the empowered to execute this rep	at my signa ort as requ	sture shall have ti iired by Chapter	ne same legal effe 607, Florida Statut	ct as if made under o es; and that my name	ath; that I appears	am an officer in Block 10 or	or director Block 11 if	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (786) 402 - 4492											