

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 31, 2006
Secretary of State**

DOCUMENT# P05000089897

Entity Name: FXO, INC.

Current Principal Place of Business:

2999 NE 191 ST
804
AVENTURA, FL 33186

New Principal Place of Business:

Current Mailing Address:

2999 NE 191 ST
804
AVENTURA, FL 33186

New Mailing Address:

FEI Number: 61-1490337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURIAS, ONELIO
2999 NE 191 ST
804
AVENTURA, FL 33186 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

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: GUTHRIE, TODD A
Address: 2999 NE 191 ST, SUITE 804
City-St-Zip: AVENTURA, FL 33186

Title: VP () Delete
Name: MURIAS, ONELIO
Address: 2999 NE 191 ST, SUITE 804
City-St-Zip: AVENTURA, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ONELIO MURIAS

VP

05/31/2006

Electronic Signature of Signing Officer or Director

_____ Date