

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 28, 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:**

P.O. BOX 220137  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2999 NE 191 ST  
804  
AVENTURA, FL 33186

**New Mailing Address:**

P.O. BOX 220137  
HOLLYWOOD, FL 33020

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:**

HOMER BONNER, P.A.  
1441 BRICKELL AVE  
1200  
MIAMI, FL 33131 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: LARRY BONNER      09/28/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

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: S      (X) Change ( ) Addition  
Name: MURIAS, ONELIO  
Address: P.O. BOX 220137  
City-St-Zip: HOLLYWOOD, FL 33020

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      S      09/28/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date