

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071417

Entity Name: SIMELIX INC.

FILED  
Feb 21, 2007  
Secretary of State

## Current Principal Place of Business:

1167 NE 210 TERRACE  
MIAMI, FL 33179

## New Principal Place of Business:

21399 MARINA COVE CIRCLE  
M 19  
AVENTURA, FL 33180

## Current Mailing Address:

1167 NE 210 TERRACE  
MIAMI, FL 33179

## New Mailing Address:

21399 MARINA COVE CIRCLE  
M 19  
AVENTURA, FL 33180

FEI Number: 20-4926828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAT, GARY  
1167 NE 210 TERRACE  
MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

GLAZER, BRONYA  
26 DIPLOMAT PARKWY  
HALLANDALE, FL 33009 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: BRONYA GLAZER

02/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLAT, GARY  
Address: 1167 NE 210 TERRACE  
City-St-Zip: MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BLAT, GARY  
Address: 21399 MARINA COVE CIRCLE UNIT M 19  
City-St-Zip: AVENTURA, FL 33180

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: GARY BLAT

P

02/21/2007

Electronic Signature of Signing Officer or Director

Date