

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093529

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: TRILINX INC

**Current Principal Place of Business:**

2307 DOUGLAS RD  
400  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

2307 DOUGLAS RD  
400  
MIAMI, FL 33145

**New Mailing Address:**

FEI Number: 20-5203614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OVIES, IDA C  
2307 DOUGLAS RD  
400  
MIAMI, FL FL 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S, ( ) Delete  
Name: THOMAS, MAX  
Address: 9752 SW 166 STREET  
City-St-Zip: MIAMI, FL 33157

Title: VP,D ( ) Delete  
Name: THOMAS, JOELLE  
Address: 9752 SW 166 STREET  
City-St-Zip: MIAMI, FL 33157

Title: T,D ( ) Delete  
Name: THOMAS, STEPHANE  
Address: 9752 SW 166 STREET  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,S, (X) Change ( ) Addition  
Name: THOMAS, MAX  
Address: 9752 SW 165 STREET  
City-St-Zip: MIAMI, FL 33157

Title: VP,D (X) Change ( ) Addition  
Name: THOMAS, JOELLE  
Address: 9752 SW 165 STREET  
City-St-Zip: MIAMI, FL 33157

Title: T,D (X) Change ( ) Addition  
Name: THOMAS, STEPHANE  
Address: 9752 SW 165 STREET  
City-St-Zip: MIAMI, FL 33157

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: MAX THOMAS

Electronic Signature of Signing Officer or Director

P.S.

04/10/2007

\_\_\_\_\_ Date