## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 29, 2007 8:00 am Secretary of State DOCUMENT # P06000130073 03-29-2007 90022 021 \*\*\*150.00 1. Entity Name CMX HOLDINGS, INC. Principal Place of Business 40044430 Mailing Address 3308 W FLAGLER STREET PO BOX 347705 MIAMI, FL 33234-7705 MIAMI, FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232007 Chg-P CR2E034 (12/06) 4. FEI Number 20 58066 76 City & State City & State Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLIVE JACKSON RODRIGUEZ, ALEX Street Address (P.O. Box Number is Not Acceptable) 3308 W FLAGLER STREET MIAMI, FL 33135 3308 W FLAGLER STREET City MIAMI Zip Code 33135 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change PS Addition RODRIGUEZ, ALEX NAME NAME Jackson, Clive 3308 W FLAGLER STREET STREET ADDRESS STREET ADDRESS 3308 W Flagler Street CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP Miami. FL 33135 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEREZ, ALAN NAME 3308 W FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIF MIAMI, FL 33135 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME Hamilton, Marcus G. STREET ADDRESS STREET ADDRESS 3308 W Flagler Street CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33135 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address

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RCASSON

SIGNATURE:

**FILED** 

Daytime Phone #