

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000019974</b>	
1. Entity Name STX CORP.	
Principal Place of Business 1551 FORUM PLACE SUITE 100 WEST PALM BEACH, FL 33401	Mailing Address 1551 FORUM PLACE SUITE 100 WEST PALM BEACH, FL 33401



03202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0398707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BROCK, PETER  
1551 FORUM PLACE  
SUITE 100  
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROCK, PETER 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPITALETTA, ROBERT 343 SOUTH RIVER STREET HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, ANDREW 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPITALETTA, EDWARD 1551 FORUM PLACE, SUITE 100 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPITALETTA, RICHARD 343 SOUTH RIVER STREET HACKENSACK, NJ 07601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/07-80002-005 150.00

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE: Peter Brock 3/23/07 561-684-1010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #