

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000000957

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: MX PROFESSIONAL SERVICES CORP.

## Current Principal Place of Business:

7944 SW 199TH TERR  
MIAMI, FL 33189 US

## New Principal Place of Business:

20547 OLD CUTLER ROAD  
229  
MIAMI, FL 33189 US

## Current Mailing Address:

7944 SW 199TH TERR  
MIAMI, FL 33189 US

## New Mailing Address:

20547 OLD CUTLER ROAD  
229  
MIAMI, FL 33189 US

FEI Number: 65-0653374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIGUEROS, VIVIAN W  
7944 SW 199TH TERR  
MIAMI, FL 33189 US

## Name and Address of New Registered Agent:

TRIGUEROS, VIVIAN W  
20547 OLD CUTLER ROAD  
229  
MIAMI, FL 33189 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:

07/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TRIGUEROS, VIVIAN W  
Address: 7944 SW 199TH TERR  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: TRIGUEROS, ROBERTO W  
Address: 7944 SW 199TH TERR  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TRIGUEROS, VIVIAN W  
Address: 81 WHITE OAK GAP ROAD  
City-St-Zip: ASHEVILLE, NC 28803

Title: D (X) Change ( ) Addition  
Name: TRIGUEROS, ROBERTO W  
Address: 81 WHITE OAK GAP ROAD  
City-St-Zip: ASHEVILLE, NC 28803

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: ROBERT W TRIGUEROS

D

07/06/2006

Electronic Signature of Signing Officer or Director

Date