


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90172 023 ***158.75

DOCUMENT # P96000054144 1. Entity Name CX SYSTEMS INT'L, INC.	
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Principal Place of Business 5107 S SMITH RYALS RD PLANT CITY, FL 33567	Mailing Address 5107 S SMITH RYALS RD PLANT CITY, FL 33567 P.O. Box 3452, PLANT CITY, FL 33563-0008
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14003678



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3383790	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required (ENC.)

6. Name and Address of Current Registered Agent BAILEY, CYNTHIA R 5107 SOUTH SMITH RYALS ROAD PLANT CITY, FL 33567 MAILING: P.O. Box 3452 PLANT CITY, FL 33563-0008
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**DO NOT WRITE
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 <u>Cynthia R. Bailey</u> CYNTHIA R. BAILEY, CEO 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAILEY, CYNTHIA R. 5107 S. SMITH RYALS RD. PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON SR., DR. BERNARD 98-944 KAHAPILI ST. AIEA, HI 96701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, CAROLYN 4002 LA SALLE STREET TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, EUGENE S 2925 S. PINEWAY DRIVE PLANT CITY, FL 33566 2915 S. PINEWAY DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CYNTHIA C. 910 E. HAINES ST. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Cynthia R. Bailey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
4/21/05 (813) 258-0223 <small>Date Daytime Phone #</small>