

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 018 ***150.00
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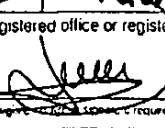
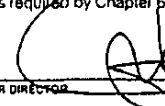
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SECTION 1
TALLER



06292005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000045734			
1. Entity Name ONYX SOFT, INC.			
Principal Place of Business 3148 NW 72 AVE MIAMI, FL 33122 US		Mailing Address 3148 NW 72 AVE MIAMI, FL 33122 US	
2. Principal Place of Business 10435 NW 29 Terrace Suite, Apt. #, etc. #2		3. Mailing Address 10435 NW 29 Terrace Suite, Apt. #, etc. #2	
City & State Miami FL		City & State Miami FL	
Zip 33172	Country USA	Zip 33172	Country USA
4. FEI Number 65-0766382		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROACH, NELSON 3148 NW 72 AVE MIAMI, FL 33122		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10435 NW 29 Terrace Bay #2 City Miami? FL Zip Code 33172	
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 Nelson Roach x  06/29/05 Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROACH, NELSON 7220 NW 36 STREET SUITE 230 MIAMI, FL 33168 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roach, Nelson 10435 NW 29 Terrace Bay #2 Miami FL 33172 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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: Nelson Roach x 		06/29/05 305-5130035	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	