2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 23, 2006 8:00 am
Secretary of State
05-08-2006 90275 008 ***150.00

DOCUMENT # P97000066432

1. Entity Name
FENIX & CO., CORP.

Principal Place of Business
1 N.E. 1ST STREET #6A
MIAMI, FL 33132

Mailing Address
1 N.E. 1ST STREET #6A
MIAMI, FL 33132

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
7 NW 2nd Street		7 NW 2nd Street	
Suite, Apt. #, etc. Suite 215		Suite, Apt. #, etc. Suite 215	
City & State Miami, FL		City & State Miami, FL	
Zip 33132	Country US	Zip 33132	Country US

4. FEI Number 65-0779283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, LORENZO
1 N.E. 1ST STREET #6A
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name CASTILLO LORENZO
Street Address (P.O. Box Number is Not Acceptable)
7 NW 2nd Street Suite 215
City Miami FL Zip Code 33132

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTILLO, LORENZO 1 N.E. 1ST STREET #6A MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CASTILLO LORENZO 7 NW 2nd Street Ste 215 Miami, FL 33132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 6/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #