

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025451

FILED  
Jul 08, 2005  
Secretary of State

Entity Name: FENIX GROUP REPS, INC.

## Current Principal Place of Business:

11774 SW 92 TERR  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

11774 SW 92 TERR  
MIAMI, FL 33186

## New Mailing Address:

FEI Number: 95-4737496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUAREZ, PATRICIO  
1774 S.W. 92 TERRACE  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SUAREZ, PATRICIO SR  
Address: 11774S.W. 92 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: ST ( ) Delete  
Name: SUAREZ, AMALIA  
Address: 11774S.W. 92 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: SUAREZ, GABRIELA  
Address: 11774S.W. 92 TERRACE  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUAREZ PATRICIO

PD

07/08/2005

Electronic Signature of Signing Officer or Director

Date