

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000086167**

1. Entity Name  
CINEX, INC.



Principal Place of Business  
3921 S.W. 47TH AVE., STE.1007  
FT. LAUDERDALE, FL 33314 US

Mailing Address  
3921 S.W. 47TH AVE., STE.1007  
FT. LAUDERDALE, FL 33314 US

**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0912455

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GULA, WILLIAM D  
3921 S.W. 47TH AVE., STE.1007  
FT. LAUDERDALE, FL 33314

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee code. (NOTE: Registered Agent signature required when changing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GULA, WILLIAM D
STREET ADDRESS	3921 S.W. 47TH AVE., STE.1007
CITY ST ZIP	FT. LAUDERDALE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
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NAME	
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CITY ST ZIP	

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02/21/05-80059-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 I 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: *William D Gula* William D. Gula 2/18/05 954-581-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #