2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000076832

1. Entity Name
L.I.&X. CORP., INC.

Principal Place of Business	Mailing Address
1881 N. EAST 26TH ST., STE 60 FORT LAUDERDALE, FL 33305	1881 N. EAST 26TH ST., STE 60 FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0930098	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BURCKHARTT, CARRIE
1881 N. EAST 26TH ST., STE 60
FORT LAUDERDALE, FL 33305

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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	

U00000203338
01/29/05-80027-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURCKHART, CARRIE
STREET ADDRESS	2525 NE 27TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____   1/26/05

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