

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S38304

Entity Name: ALX SYSTEMS, INC.

FILED
Jan 14, 2006
Secretary of State

Current Principal Place of Business:

393 SW 159 LANE
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

595 ENCLAVE CIRCLE W.
PEMBROKE PINES, FL 33027 US

Current Mailing Address:

PO BOX 824284
SOUTH FLORIDA, FL 330824284

New Mailing Address:

FEI Number: 65-0250425 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABELLO, ALBERTO
393 SW 159 LANE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

CABELLO, ALBERTO
595 ENCLAVE CIRCLE W.
PEMBROKE PINES, FL 33027 US

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

01/14/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABELLO, ALBERTO,
Address: 393 SW 159 LANE
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CABELLO, ALBERTO,
Address: 595 ENCLAVE CIRCLE W.
City-St-Zip: PEMBROKE PINES, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALBERT CABELLO

Electronic Signature of Signing Officer or Director

P

01/14/2006

Date