

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90129 022 \*\*\*167.50

**DOCUMENT # S83087**

1. Entity Name

**STILLEX CORPORATION**



Principal Place of Business

**444 BRICKELL AVE  
SUITE #51-246  
MIAMI FL 33131  
US**

Mailing Address

**444 BRICKELL AVE  
SUITE #51-246  
MIAMI FL 33131  
US**

**00051755**



1st MOORE

CR2E034 (10/04)

4. FEI Number

**65-0294240**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC  
100 S E SECOND STREET  
SUITE 2315-A  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDAS ☐ Delete  
NAME ROMAN, M  
STREET ADDRESS 444 BRICKELL AVE., SUITE #51-246  
CITY-ST-ZIP MIAMI FL 33131

TITLE VST ☐ Delete  
NAME SMEJDA, L  
STREET ADDRESS 444 BRICKELL AVE., SUITE #51-246  
CITY-ST-ZIP MIAMI FL 33131

TITLE AS ☐ Delete  
NAME FELTON, S  
STREET ADDRESS 444 BRICKELL AVE., SUITE #51-246  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-27-2005**

**305-358-9990**