
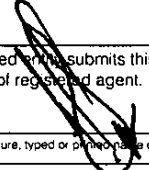
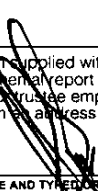


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90147 015 \*\*\*150.00

<b>DOCUMENT # V16971</b> 1. Entity Name <b>REMIX INC.</b>					
Principal Place of Business <b>3018 N.W. 79TH AVE. MIAMI, FL 33122</b>			Mailing Address <b>3018 N.W. 79TH AVE. MIAMI, FL 33122</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0323735</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>PEDRO, VERAS 3018 NW 79 AVE SUITE 301 MIAMI, FL 33122</b>				7. Name and Address of New Registered Agent Name <b>Thomas Ventura</b> Street Address (P.O. Box Number is Not Acceptable) <b>3018 NW 79th Ave</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33122</b>	
8. The above named agent 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 <b>05/31/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DELFINO, ALFREDO</b> <b>AVENIDA GEORGE WASHINGTO</b> <b>SANTO DOMINGO, DOMIN,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MURMANN, ROLAND</b> <b>AVENIDA GEORGE WASHINGTO</b> <b>SANTO DOMINGO, DOMIN,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			Date <b>05/31/06</b> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50020636**



05222006 Chg-P CR2E034 (11/05)