

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90079 018 \*\*\*150.00

**DOCUMENT # F06000005317**

1. Entity Name  
**INFORMATIX, INC.**



Principal Place of Business  
**101 MONTGOMERY ST.  
26TH FL  
SAN FRANCISCO, CA 94104**

Mailing Address  
**1740 CREEKSIDE OAKS DR.  
#175  
SACRAMENTO, CA 95833**

4000000-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number

**93-1064755**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHRM ☐ Delete  
NAME OCAZONEZ, RAUL D  
STREET ADDRESS 1012 MONTGOMERY STREET, SUITE 2600  
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE CHRM ☒ Change ☐ Addition  
NAME OCAZONEZ, RAUL D  
STREET ADDRESS 101 MONTGOMERY ST. SUITE 2600  
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE PSTD ☐ Delete  
NAME OCAZONEZ, RAUL D  
STREET ADDRESS 1012 MONTGOMERY STREET, SUITE 2600  
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE PSTD ☒ Change ☐ Addition  
NAME OCAZONEZ, RAUL D  
STREET ADDRESS 101 MONTGOMERY ST. SUITE 2600  
CITY-ST-ZIP SAN FRANCISCO, CA 94104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2006

Date

Daytime Phone #