


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 565458
 1. Entity Name
 INTER-TEX, INC.



Principal Place of Business: 1002 ALFONSO AVE. MIAMI, FL 33146
 Mailing Address: 1002 ALFONSO AVE. MIAMI, FL 33146

DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number: 59-1787878 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARGUELLES, FERNANDO A.
 1002 ALFONSO AVE.
 MIAMI, FL 33146

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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

U00000326101
 04/23/05-80042-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARGUELLES, FERNANDO A.
STREET ADDRESS	1002 ALFONSO AVE.
CITY - ST - ZIP	CORAL GABLES, FL 33146
TITLE	DV
NAME	HANDAL, JOHNY A.
STREET ADDRESS	10100 OLD CUTLER RD
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(f), 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: Fernando Arguelles - PD Date: 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #