2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

Principal Place of Business Nating Actiness 1286 K ASH STREET MAMM, FL 33155 NAMM,	DOCUMENT # M53513 1. Entity Name INTERMARKET CORP.)	04-28-2006	90160 039 ***	158.75	
1286 S.W. 48H STREET 1266 S.W. 48H STREET	Principal Place of Business Mailing Address					7 . 40	1068786			
Suite, Apt. #, etc.	7286 S.W. 48TH STREET							B-21: B B B\21 B B G B	######################################	
City & State Country Coun	2. Principal Place of Business		3. Mailing Address							
E. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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. 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. 8. The ADOVE IN THE STATE OF THE S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242006	Chg-P	CR2E034 (11/0	5)		
S. Gertificate of Status Desired Service Registered Agamt 7. Name and Address of New Registered Agamt 8. Threabove 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 exhigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State of Florida. I am familiar with, and accept the exhibition of registered agent, or both, in the State	City & State							⊢		
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Countr		5. Certificate	of Status Desired			
Street Address (P.O. Bax Number is Not Acceptable)	6. Name and Address of Current Registered Agent				Namo	7. Name and	Address of New R	tegistered Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	ALVAREZ PATRICIA M				Name					
B. The above named entity submits this statement for the purpose of changing its 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 size if applicable. (NOTE: Registered Agent Agricular Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The printed Agent Agricular Registered Agent Agricular Registered Agent Agricular Registered Agent Agricular Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the property of the position of registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the positions of registered agent, or regist	7286 SW 48TH ST				Street Address (P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature, piped or printed name of registered agent are other applicable. (NOTE: Registered Agent signature required when reinstiting) After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFTICERS AND DIRECTORS 11.1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DOED ALVAREZ, MANUEL A. STREET ADDRESS CHY-ST-2P NAME ALVAREZ, TERESA M STREET ADDRESS CHY-ST-2P TITLE DOP Delete TITLE DP DELete TITLE DP DELET DOES CHANGES CHY-ST-2P TITLE DELET DOES CHANGE STREET ADDRESS CHY-ST-2P TITLE DELET DELET CHANGES CHY-ST-2P TITLE DELET DELETE CHANGES CHY-ST-2P TITLE DELETE DOES CHANGES CHY-ST-2P TITLE DELETE TABLESS CHY-ST-2P TITLE DELETE DELETE CHANGES CHY-ST-2P TITLE STREET ADDRESS CHY-ST-2P THE STR					City	FL Zip Code				
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12. I hereby certify that the information supplied with this filling 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.