


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000016429 1. Entity Name INTRIAGO INVESTIGATION SERVICES INC.	
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Principal Place of Business 618 BAY LAKE TRAIL OLDSMAR, FL 34677	Mailing Address 618 BAY LAKE TRAIL OLDSMAR, FL 34677
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02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3626022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRIAGO, ASHLEY
618 BAY LAKE TRAIL
OLDSMAR, FL 34677

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INTRIAGO, ASHLEY R 618 BAY LAKE TRAIL OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INTRIAGO, CAYETANO J 618 BAY LAKE TRAIL OLDSMAR, FL 34677
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03/14/06-80028-017 150.00

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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: Ashley Intriago / Ashley Intriago 2/24/06 813-925-8944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #