


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90188 030 ***158.75

DOCUMENT # P0000017553

1. Entity Name
REIVAX CORP.



Principal Place of Business Mailing Address

**10365 S.W. 96 TERR.
 MIAMI, FL 33176** **10365 S.W. 96 TERR.
 MIAMI, FL 33176**

2. Principal Place of Business 3. Mailing Address

9639 S.W. 138 AVE. **9639 S.W. 138 AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

MIAMI, FLORIDA **MIAMI, FLORIDA**

Zip Country Zip Country

33186 **DADE** **33186** **DADE**

40302



01072006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0982823 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**INTRIAGO, XAVIER
 10365 SW 96 TERR.
 MIAMI, FL 33176**

7. Name and Address of New Registered Agent

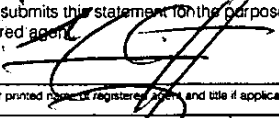
Name **XAVIER INTRIAGO**

Street Address (P.O. Box Number is Not Acceptable)

9639 S.W. 138 AVE.

City **MIAMI** **FL** Zip Code **33186**

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:  DATE: **1/3/06**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD INTRIAGO, XAVIER 10365 S.W. 96 TERR. MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT XAVIER INTRIAGO 9639 S.W. 138 AVE. MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD INTRIAGO, DIANA 10365 S.W. 96 TERR. MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DIANA MARIA CASAL DE INTRIAGO 9639 S.W. 138 AVE. MIAMI, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S INTRIAGO, GIOVANNI 10365 SW 96 TERR MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR INTRIAGO, PAOLA 10365 SW 96 TERR MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE:  DATE: **1/3/06** DAYTIME PHONE #: **305-490-1106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR