


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P94000040777 |  |
| 1. Entity Name INTERMEX WIRE TRANSFERS, INC. | |

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| Principal Place of Business 9480 SOUTH DIXIE HWY. MIAMI, FL 33156 | Mailing Address 9480 SOUTH DIXIE HWY. MIAMI, FL 33156 |
|---|---|



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|----------------------------------|--|
| 4. FEI Number 65-0492035 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

| | |
|--|-------------------------------|
| 6. Name and Address of Current Registered Agent | |
| RINCON, JOHN B 9160 SW 92 CT MIAMI, FL 33176 | 9480 SOUTH DIXIE HWY 33156 |

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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: _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RINCON, JOHN B 9160 SW 92 CT 9480 S. DIXIE HWY MIAMI, FL 33176 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RINCON, CARLOS 16901 SW 83RD AVENUE MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RINCON, CESAR 16282 CAYUGA CIRCLE DAVIE, FL 33331 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GM PEREZ, JUAN 13656 SW 117 LANE MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/24/06-80089-002 158.75

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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:  |  | Jan. 11, 2006 | 305-671-8000 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |