

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001227

1. Entity Name
INTERIMPEX, INC.



Principal Place of Business
**3188 SANTA MARGARITA RD
WEST PALM BEACH, FL 33411**

Mailing Address
**4065 NORTH HAVERHILL RD., STE B3-300
WEST PALM BEACH, FL 33417**



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1953346	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLEPEC, DUSAN
3188 SANTA MARGARITA ROAD
WEST PALM BEACH, FL 33417**

**DO NOT WRITE
IN THIS SPACE**

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 _____

(Signature, typed or printed name of registered agent and file if applicable.)

(NOTE: Registered Agent signature required when renewing.)

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	PCD
NAME	KLEPEC, DUSAN
STREET ADDRESS	3188 SANTA MARGARITA ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33411

TITLE	ST
NAME	KLEPEC, DONA
STREET ADDRESS	3188 SANTA MARGARITA ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33411

TITLE	
NAME	
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CITY-ST-ZIP	

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04/12/06-80050-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/06 (561) 712 9991

Date

Daytime Phone #