2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2006 08:00 AM Secretary of State **DOCUMENT # L33419** 1. Entity Name INTRATEX ENTERPRISES, INC. Principal Place of Business Mailing Address 9400 S. DADELAND BLVD 9400 S. DADELAND BLVD. MIAMI, FL 33156 US MIAMI, FL 33156 03162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0156368 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent NORMAN A. ELIOT & CO. DO NOT WRITE 9400 SOUTH DADELAND BLVD., SUITE 605 MIAMI, FL 33156 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Un0000475024 Trust Fund Contribution. Added to Fees 04/04/06-80047-017 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME BLATTNER, DAVID 9400 S. DADELAND BLVD STE 605 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:/

TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

DAVID

FILED