
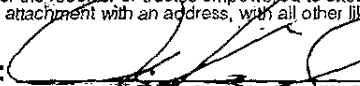


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000000086</b>					
<b>1. Entity Name</b> ALTREX INVESTMENT CORPORATION					
<b>Principal Place of Business</b> 800 W. CYPRESS CREEK RD, STE 350 FORT LAUDERDALE FL 33309			<b>Mailing Address</b> 800 W. CYPRESS CREEK RD, STE 350 FORT LAUDERDALE FL 33309		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 60-0001233	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  SUNMARK REALTY ADVISORS, INC. 800 W. CYPRESS CREEK RD, STE 350 FORT LAUDERDALE FL 33309				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstalling)</small> <span style="float: right;"><b>DATE</b> _____</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT	<b>NAME</b> POLLOCK, EDWARD J	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 800 W. CYPRESS CREEK RD, STE 350	<b>CITY - ST - ZIP</b> FORT LAUDERDALE FL 33309		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> VS	<b>NAME</b> KRINSKY, JAY	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 800 W. CYPRESS CREEK RD, STE 350	<b>CITY - ST - ZIP</b> FORT LAUDERDALE FL 33309		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> 			JAY KRINSKY, VICE PRES. 4/20/05 954 202-7776		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		