2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 13, 2006 08:00 AM Secretary of State DOCUMENT # P02000043954 1. Entity Name TRAVELMEX INTERNATIONAL INC Principal Place of Business Mailing Address 11710 SW 144 COURT 11710 SW 144 COURT MIAMI, FL 33186 MIAMI, FL 33186 No Chg-P 01212006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0433695 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GLEISER, POLA DO NOT WRITE 11710 SW 144 COURT MIAMI, FL 33186 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GLEISER, POLA STREET ADDRESS 11710 SW 144 COURT MIAMI, FL 33186 CITY-ST-ZIP TITLE 100000464707 NAME 93733706 88887-886 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-73P TITLE

12. I hereby certify that the information supplied with this fitting 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 extrustee 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 orr an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED