


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State


04-06-2005 90118 028 ***150.00

DOCUMENT # P02000060578	
1. Entity Name INTERPREX, CORP.	

Principal Place of Business 1223 FAIRLAKE TRACE, #820 WESTON, FL 33326	Mailing Address 1223 FAIRLAKE TRACE, #820 WESTON, FL 33326
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2. Principal Place of Business 1200 SW 137 AVE E 412	3. Mailing Address 1200 SW 137 AVE E 412
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33027	Country USA

20021423



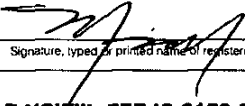
04042005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0617166	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 MERWIN, JIM 1223 FAIRLAKE TRACE, #820 WESTON, FL 33326	
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7. Name and Address of New Registered Agent Name MERWIN JIM Street Address (P.O. Box Number is Not Acceptable) 1200 SW 137 AVE - E 412 City Pembroke Pines FL Zip Code 33027	
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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  DATE **4/1/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIM, CHIMIN 1223 FAIRLAKE TRACE, #820 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERWIN JIM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1200 SW 137 AVE - E 412 Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JIM, MERWIN 1223 FAIRLAKE TRACE, #820 WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHIMIN JIM <input type="checkbox"/> Change <input type="checkbox"/> Addition 1200 SW 137 AVE - E 412 Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE:  DATE **4/1/05** 954-609 1939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR