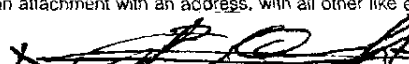


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000017736					
1. Entity Name INSTAL-MEX, INC.					
Principal Place of Business 221 SIDONIA AVE., #4 CORAL GABLES FL 33134			Mailing Address 221 SIDONIA AVE., #4 CORAL GABLES FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0817801	
				Applied For ☐ Not Applied	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOTO, ARMANDO 221 SIDONIA AVE., #4 CORAL GABLES FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reappointing)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	SOTO, ARMANDO		NAME		
STREET ADDRESS	221 SIDONIA AVE, #4		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change	☐ Add
NAME	SOTO, GEORGINA		NAME		
STREET ADDRESS	221 SIDONIA AVE, #4		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			ARMANDO SOTO PRESIDENT 4/22/06		
SIGNATURES AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E034 (10/05)

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05/05/06-80093-024 158.75