
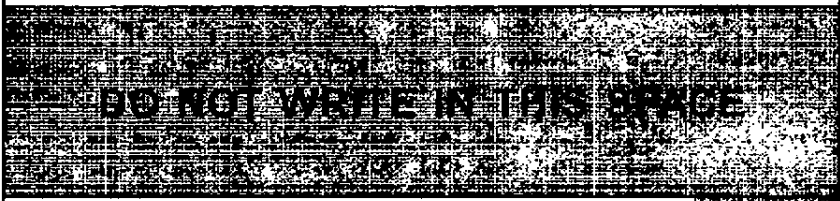


FILED
May 08, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000004172 1. Entity Name INTERARTEX CORPORATION	
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Principal Place of Business 10621 SW 128 STREET MIAMI, FL 33176	Mailing Address 10621 SW 128 STREET MIAMI, FL 33176
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05062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0890218	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GUILLEN, JAIME A.
 10621 SW 128 ST.
 MIAMI, FL 33178**



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

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**U000000562869
 05/19/06-80072-022 150.00**

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GUILLEN, JAIME A
STREET ADDRESS	10621 SW 128 ST.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	SD
NAME	GUILLEN, JACQUELINE A
STREET ADDRESS	10621 SW 128 ST.
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	



12. I hereby certify that the information supplied with this filing 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 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:  _____
SIGNATURE MUST BE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day/Time Phone # _____