


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 005 ***550.00

DOCUMENT # P01000054683

1. Entity Name
INTERCONTINENTAL PROPERTIES CORP.



Principal Place of Business Mailing Address

790 N.W. 72 STREET **790 N.W. 72 STREET**
MIAMI, FL 33150 **MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



05142007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1110700

Applied For
 Not Applicable

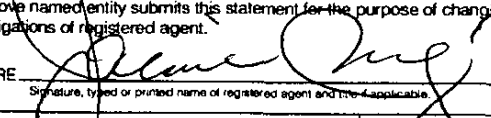
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MEJIA, JAIME
790 N.W. 72 STREET
MIAMI, FL 33150

DO NOT WRITE 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:  **6/6/07**

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

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEJIA, JAIME
STREET ADDRESS	790 N.W. 72 STREET
CITY - ST - ZIP	MIAMI, FL 33150
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  **6/6/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #