2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90398 015 ***150.00

DOCUMENT # K74910

1. Entity Name
INTERCAN CONSULTANT USA CORP.

Principal Place of Business	Mailing Address
2200 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33305	2200 N. ATLANTIC BLVD. FT. LAUDERDALE, FL 33305

02032004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3800 S. Ocean Drive	3800 S. Ocean Drive
Suite, Apt. #, etc.: Suite 210	Suite, Apt. #, etc.: Suite 210
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33019 Country:	Zip: 33019 Country:

4. FEI Number 65-0114899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, ABBEY
201 S. BISCAYNE BLVD.
1970 MIAMI CENTER
MIAMI, FL 33131-2608

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAIRMAN, NEIL 2200 N ATLANTIC BLVD FT. LAUDERDALE, FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3800 S. Ocean Drive #210 Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA, ROBERT J 2200 N ATLANTIC BLVD FT. LAUDERDALE, FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3800 S. Ocean Drive #210 Hollywood, FL 33019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Neil Fairman 4/14/2004 954-630-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #