
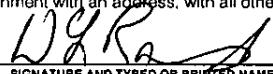


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90035 002 ***150.00

DOCUMENT # 360300					
1. Entity Name INTACO FLORIDA CORPORATION					
Principal Place of Business 5775 NW 11 ST., STE. #450 MIAMI, FL 33126			Mailing Address 151 S.W. 27 AVE. MIAMI, FL 33135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2390037	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required - -	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RANDOL, WILLIAM L JR. 151 SW 27TH AVE MIAMI, FL 33135				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 reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUENAS, MARCOS		NAME		
STREET ADDRESS	NRB INDUSTRIAL PARK		STREET ADDRESS		
CITY-ST-ZIP	HATO REY, PR 00000,		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUENAS, F TOMAS		NAME		
STREET ADDRESS	AVE 2ND FINAL		STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE COSTA,RICA00000,		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, HENRY		NAME	Randol, William L., Jr.	
STREET ADDRESS	1156 VILLAGE ROAD		STREET ADDRESS	151 S.W. 27th Avenue	
CITY-ST-ZIP	BEAVER CREEK, CO		CITY-ST-ZIP	Miami, FL 33135	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 			3-25-2005		(305) 642-6220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #