


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90039 041 \*\*\*150.00

DOCUMENT # K74910	
1. Entity Name INTERCAN CONSULTANT USA CORP.	

Principal Place of Business <del>3000</del> <sup>3101</sup> S OCEAN DRIVE STE <del>210</del> <sup>A-1</sup> HOLLYWOOD, FL 33019	Mailing Address <del>3000</del> <sup>3101</sup> S OCEAN DRIVE STE <del>210</del> <sup>A-1</sup> HOLLYWOOD, FL 33019
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04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0114899	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  GARCIA, ROBERT J <del>3000</del> <sup>3101</sup> SOUTH OCEAN DR, Suite A-1 <del>210</del> HOLLYWOOD, FL 33019	
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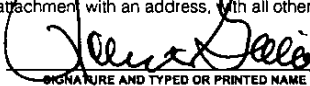
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FAIRMAN, NEIL <sup>3101</sup> <del>3000</del> S OCEAN DRIVE # <del>210</del> Suite A-1 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, ROBERT J <sup>3101</sup> <del>3000</del> S OCEAN DRIVE # <del>210</del> Suite A-1 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Robert J. Garcia <sup>3101</sup>	Date: 4/28/08 Daytime Phone #: 954-630-8880