

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506684

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: INTRO CORPORATION

**Current Principal Place of Business:**

12252 SW 131ST AVENUE  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160402  
MIAMI, FL 331160402 US

**New Mailing Address:**

FEI Number: 59-1708411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAGNON, DOUGLAS  
14210 SW 122ND COURT  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: CHAGNON, DOUGLAS  
Address: 14210 SW 122ND CT  
City-St-Zip: MIAMI, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: CHAGNON, JEAN  
Address: 14210 SW 122ND CT  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS CHAGNON

PSD

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date