

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # 574529		
1. Entity Name INTER-BRAND, INC.		

Principal Place of Business	Mailing Address
7501 NW 4 ST #204 (33317) P O BOX 15007 FT LAUDERDALE, FL 33318	7501 NW 4 ST #204 (33317) P O BOX 15007 FT LAUDERDALE, FL 33318 US

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1834904	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

GREENE, WILLIAM
2300W SAMPLE RD.
STE. 104
POMPANO BEACH, FL 33073

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

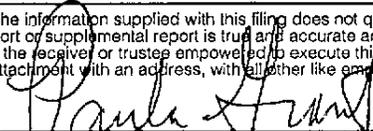
9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRANT, MICHELE T 10502 NW 5 MANOR PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRANT, PAULA E 9861 NW 10TH CT PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000270319
03/21/05-80002-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____