

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90359 031 ***150.00

DOCUMENT # 574529

1. Entity Name
INTER-BRAND, INC.



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

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

2. Principal Place of Business
14201 W Sunrise Blvd

3. Mailing Address
14201 W Sunrise Blvd

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State
Sunrise FL

City & State
Sunrise FL

Zip
33323

Country

Zip
33323

Country

03212006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-1834904

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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, 2006 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** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GRANT, PAULA E
9861 NW 10TH CT
PLANTATION, FL 33322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 954-792-0172
Date Daytime Phone #