

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90146 026 \*\*\*150.00

**DOCUMENT # 575760**

1. Entity Name

INTERCONTINENTAL SERVICES INCORPORATED



Principal Place of Business

1666 KENNEDY CAUSEWAY STE 602  
MIAMI FL 33141

Mailing Address

1666 KENNEDY CAUSEWAY STE 602  
MIAMI FL 33141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2028474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERNSTEIN, JACK  
1666 KENNEDY CSWY STE 602  
NORTH BAY VILLAGE FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Code

8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent.

with, and accept

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

**We've moved our office to  
suite # 208**

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
BERNSTEIN, JACK  
11401 BISCAYNE BLVD  
MIAMI FL 33181-3410 ☐ Delete

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #