

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000001363

1. Entity Name  
INTERMIX, INC.



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
48 WEST 25TH STREET  
11TH FLOOR  
NEW YORK, NY 10010

Mailing Address  
48 WEST 25TH STREET  
11TH FLOOR  
NEW YORK, NY 10010



07242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
13-3702705  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**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

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
P  
KELEDJIAN, KHAJAK  
STREET ADDRESS  
48 WEST 25TH STREET, 11TH FLOOR  
CITY-ST-ZIP  
NEW YORK, NY 10010

TITLE  
NAME  
P  
KALDJIAN, HARO  
STREET ADDRESS  
48 WEST 25TH STREET, 11TH FLOOR  
CITY-ST-ZIP  
NEW YORK, NY 10010

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000956360  
08/04/08-80004-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Haro Kaldjian

7/29/2008

3127415075

Date

Daytime Phone #