2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G05020

1. Entity Name
INTERCONTINENTAL DIVERSIFIED CORP.

Principal Place of Business	Mailing Address
6278 N FEDERAL HWY FT. LAUDERDALE, FL 33308	6278 N FEDERAL HWY FT. LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

07032007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2325193	Not Applicable

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

6. Name and Address of Current Registered Agent

SEEPERSAUDAN, POORAN
6278 N. FED HWY
FT LAUDERDALE, FL 33308

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 14, 2007**	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	D
NAME	PIRAS, MANOS
STREET ADDRESS	ATHENS TOWER B, #506
CITY-ST-ZIP	ATHENS 610, GREECE,

U00000773904
09/13/07-80004-009 150.00

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: _MANOS PIRAS_   MANOS PIRAS   9/04/25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #