2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
10:22?

DOCUMENT # G52425

1. Entity Name
INTRADECO, INC.

Principal Place of Business	Mailing Address
7300 BIRD ROAD SUITE 200 MIAMI, FL 33155-6600	7300 BIRD ROAD SUITE 200 MIAMI, FL 33155-6600

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2313297
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMAN, JOSE
7300 BIRD ROAD
SUITE 200
MIAMI, FL 33155

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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	P
NAME	SIMAN, JOSE EDUARDO
STREET ADDRESS	7300 BIRD ROAD, S-#200
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VP
NAME	SIMAN, FELIX JOSE
STREET ADDRESS	7300 BIRD ROAD, S-#200
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ST
NAME	SIMAN, TEOFILO
STREET ADDRESS	7300 BIRD ROAD, S-#200
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 7/14/04 (305) 264-8888X2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #