

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # G52425 1. Entity Name INTRADECO, INC.	
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Principal Place of Business 7300 BIRD ROAD SUITE 200 MIAMI, FL 33155-6600	Mailing Address 7300 BIRD ROAD SUITE 200 MIAMI, FL 33155-6600
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DO NOT WRITE IN THIS SPACE



01062005 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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMAN, JOSE EDUARDO 7300 BIRD ROAD, S-#200 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SIMAN, FELIX JOSE 7300 BIRD ROAD, S-#200 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SIMAN, TEOFILO 7300 BIRD ROAD, S-#200 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 3/1/05 Daytime Phone # _____