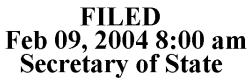
2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # H17979 1. Entity Name INTERCONTINENTAL TEXTILES CORPORATION							Secretary of State 02-09-2004 90047 048 ***150.00				
Principal Plac 703 AVOCET SUITE 1208 DELRAY BEA	ROAD CH, FL 3344		Mailing Address 1121 SQ. MILITARY TRAIL NO. 377 DEERFIELD BEACH, FL 33442 US		US					 	
2. Principal Place of Business 703 AVOCET ROAD Suite, Apt. #, etc.			3. Mailing Address 1121 SOUTH MILITARY TRAIL Suite, Apt. #, etc. #377			01222004 Chg-P CR2E034 (10/03)					
City & State DELRAY BEACH, FLORIDA			City & State DEERFIELD BEACH, FLORIDA			4. FEI Numb				plied For t Applicable	
Zip 3344	Country 444 USA		Zip 33442	Coun		<u>l·</u>	of Status Desired		\$8.75 Add Fee Required		
	•	and Address of Current	Name	7. Name and	d Address of New F	legistered A	gent				
KAPLAN, ERIC J. 9200 S DADEĽAND BLVD STE 619					= Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33156					City			FL	Zip Code	e	
	named entity ions of registe		r the purpose of changing its	s register	ed office or registe	ered agent, or bo	oth, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE											
		FEE IS \$150.00 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing \$5	5.00 May Be ded to Fees					
10.	AS	OFFICERS AND	DIRECTORS Delete	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KAPLAN, ERIC J 9200 S DADELAND BLVD STE 619 stre				1	,			orange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1121 SQ. N	ON, DEANA L MILITARY TRIAL #377 D BEACH, FL 33442	Delete	E RE EET ADDRESS '-ST-ZIP				☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	E RE EET ADDRESS '-ST-ZIP				☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				☐ Change	Addition	
indicated of the co	d on this report rporation or the l, or on an atta	t or supplemental report is e receiver or trustee emp	n this filing does not qualify fis true and accurate and that owered to execute this repor with all offer like empowered	my signa t as requ	ture shall have the	e same legal effe	ct as if made under	oath; that I a	ım an officer	or director	
1	_	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	A OR DIREC	TOR		Date	D	aytime Phone #		