


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # H17979	
1. Entity Name INTERCONTINENTAL TEXTILES CORPORATION	

Principal Place of Business 703 AVOCET ROAD SUITE 1208 DELRAY BEACH, FL 33444 US	Mailing Address 1121 SOUTH MILITARY TRAIL NO. 377 DEERFIELD BEACH, FL 33442 US
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0018058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAPLAN, ERIC J. 9200 S DADELAND BLVD STE 619 MIAMI, FL 33156
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KAPLAN, ERIC J 9200 S DADELAND BLVD STE 619 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVINGTON, DEANA L 1121 SQ. MILITARY TRIAL #377 DEERFIELD BEACH, FL 33442
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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:  DEANA L. COVINGTON 1/21/08 561-243-9393	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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