

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90167 041 ***150.00

DOCUMENT # H88026

1. Entity Name
INTERCONTINENTAL MANAGEMENT GROUP, INC.



Principal Place of Business
1800 OLD OKEECHOBEE RD.
SUITE 202
WEST PALM BEACH, FL 33409 US

Mailing Address
P.O. BOX 17918
WEST PALM BEACH, FL 33416 US

60032634



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2614280	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VILAR, ERNESTO A
1800 OLD OKEECHOBEE ROAD
SUITE 202
WEST PALM BEACH, FL 33409

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AZQUETA, NORBERTO, JR. 1800 OLD OKEECHOBEE RD, # 202 WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZQUETA, JESUS JESSE 144 REEF RD. PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZQUETA, ALFONSO JOSE 1800 OLD OKEECHOBEE RD, # 202 WEST PALM BEACH, FL 33406
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VILAR, ERNESTO A. 8582 MAN-O-WAR RD. PALM BEACH GARDENS, FL 33418
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-08 561 471 5100