


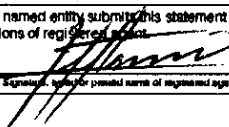

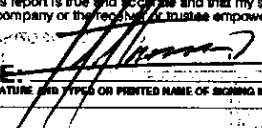
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FILED

03 OCT 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000021933			
1. Entity Name INTER GARD R&D L.L.C.			
Principal Place of Business C/O 901 PONCE DE LEON BOULEVARD, STE 603 CORAL GABLES, FL 33134		Mailing Address C/O 901 PONCE DE LEON BOULEVARD, STE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business 341 Shotgun Rd Suite, Apt. #, etc.		3. Mailing Address 341 Shotgun Rd Suite, Apt. #, etc.	
City & State SUNRISE FL		City & State SUNRISE FL	
Zip 33326 Country US		Zip 33326 Country USA	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Alarcon, Alberto Street Address (P.O. Box Number is Not Acceptable) 341 Shotgun Rd City SUNRISE FL Zip Code 33326	
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 09/05/03	
<small>Signature of person named name of registered agent and who is applicable. (NOTE: Registered Agent signature required when changing)</small>			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME CARRIZOSA, ERNESTO STREET ADDRESS C/O 901 PONCE DE LEON, SUITE 603 CITY-ST-ZIP CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME ALBERTO ALARCON STREET ADDRESS 3960 OSPREY CT CITY-ST-ZIP WESTON, FL 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the registered trustee empowered to execute this report as required by Chapter 806, Florida Statutes.			
SIGNATURE 		DATE 09/05/03 151476 55.74	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

2003 (10/01)

50.00

SADOFF, RASKIN & ASSOCIATES, P.A.

Certified Public Accountants

INTERCONTINENTAL PROFESSIONAL CENTER

1535 NORTHPARK DRIVE - SUITE 101

WESTON, FLORIDA 33326

2082

MEMBERS:

AMERICAN INSTITUTE OF C.P.A.'s

FLORIDA INSTITUTE OF C.P.A.'s

PHONE: (954) 385-3332

FAX: (954) 385-6464

October 22, 2003

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Inter Gard R & D L.L.C.
Document No: L02000021933


To Whom It May Concern:

We are the Accountant's for the above referenced taxpayer. We have enclosed a 2003 Limited Liability Company Uniform Business Report (UBR) along with a check in the amount of \$50.00.

Please be advised that this company had used their prior attorney as their Registered Agent. This report had been sent to the Company's prior attorney, and as such, they were never sent this report. We respectfully request that the penalty not be assessed and that the \$50.00 payment enclosed to be used to cover the cost of the annual fee.

Thank you in advance for your consideration in this matter. Please feel free to contact us if you need additional information.

Sincerely,
Sadoff, Raskin & Associates, P.A.


Fred R. Sadoff
Certified Public Accountant