

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # M52374 1. Entity Name INTREPID CORP.	
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Principal Place of Business 12250 SW 198 ST MIAMI, FL 33177 US	Mailing Address 12250 SW 198 ST SUITE 635 MIAMI, FL 33177 US
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03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2833194	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

**ORTIZ, EMILIO, M
7161 LAGO DR
CORAL GABLES, FL 33143**

**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]
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent's signature required when reappointing)

DATE

4-14-2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000121758

04/21/04-80001-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTIZ, EMILIO M. 7161 LAGO DR CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORTIZ, SILVIA M. 7161 LAGO DR CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TORRES, ANTONIO 12250 SW 198 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO TORRES
[Signature]

4-14-2004

Daytime Phone #