

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

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ANNUAL REPORT		Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
2003			
DOCUMENT # M52374			
1. Corporation Name INTREPID CORP.			
Principal Place of Business		Mailing Address	
12250 S.W. 198 St. Miami, Fl. 33177			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 12250	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 Miami Fl.	28		
Zip		Country	
24 33177	25 U.S.A.	29	30 U.S.A.
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ORTIZ, EMILIO, M 7161 Lago Drive Coral Gables Fl. 33143		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	7161 Lago Drive
NAME	ORTIZ, EMILIO M.	1.2 NAME	Coral Gables Fl. 33143
STREET ADDRESS	7161 Lago Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables Fl. 33143	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	7161 Lago Drive
NAME	ORTIZ, SILVIA M.	2.2 NAME	Coral Gables, Fl. 3313
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	12250 S.W. 198 St.
NAME	TORRES, ANTONIO	3.2 NAME	Miami Fl 33177
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #