2008 FOR PROFIT CORPORATION ANNUAL REPORT

Precipial Place of Business Mailing Address P0 B0X 196 CDESA, RL 33556 CDESA	DOCUMENT # M64748						
The process of business - No PO. Box 4 Supplied Address - Po Box 196 ODESSA, Pt. 33556 ODESSA, Pt. 335	I. Entity Name I NTRA OF TAMPA, IN C.)			
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OLCOMB, VICTOR W. OB SOUTH TAMPANIA AVENUE UITE 200 AMPA, FL 33609 City FL Zip Code	Zip Country	34688 1		5. Certificate	of Status Desired		
OLCOMB, VICTOR W. Sreat Address (P.O. Box Number is Nrx Acceptable) City FL Zip Code City FL Zip Code The above numed unity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. I am familiar with, and acceptable of registered agent. GNATURE Topiciae, (pad or entered surrer of implicated spars acceptable surface) FILE NOWILI FEE IS \$150.00 P. Election Campaign Financing S5.00 May 8e In accordance with s. 607.193(2)(b), F.S., through the profession of the receiver the prior notice. OFFICERS AND DIRECTORS I.I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 EVER ADDITIONS TITLE ADDITIONS TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 EVER ADDITIONS TITLE ADDITIONS	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registe	ered Agent	
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SIGNATURE: SIGNATURE AND FRED OF RIDITED NAME OF SIGNING OFFICER OR DIRECTOR (130/08)27-935-049	 I hereby certify that the information supplied wit indicated on this report or supplemental report in of the corporation or the receiver or trustee emp 	s true and accurate and that my lowered to execute this report as	he exemptions contain signature shall have th	ie same legal effe	ct as if made under oath; t	that I am an officer	or director
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