

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90036 003 \*\*\*158.75

40127828



07092007 Chg-P CR2E034 (12/06)

4. FEI Number  
65-0324817

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATE CREATIONS  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARUSSO, LINDA M. 1701 N.E. 115TH ST., #7A NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

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

LINDA M. LARUSSO

7-30-7

Date

Daytime Phone #

305 893 0080

ATTACHMENT

40127828

To:

p1/2

Florida Department of Justice

From:

Leticia M. LaRusso

Re:

2007 Annual Report for

\* INTERCAPITAL RESOURCES INC #H74392

\* INTERCAPITAL RESOURCES INVESTMENTS, INC #D47000104187

To Whom it may concern:

I thank you for sending me the Report forms regarding the two above named Corporations.

Please find attached both forms and respective payments in the amount of \$158.75 per each Corporation; and respectfully request a waiver of the late fees due to extreme personal stress.

I have had both Corporation for a long period and file everything faithfully however. Recently my mother is approaching 80 and has had a series of surgeries (lately) and I find the paper thing they were

ATTACHMENT

40127828


#M74392

paid. I apologize for the oversight and again request the waiver as I cannot afford the added charges.

Thanking you for your cooperation in this matter.

If you have any questions please contact me @ 305-893-0080

Thank you,

  
Linda M. LaRusso

Enclosures:

• ICR I FORM / CK # 2375  
#M74392

• ICR II FORM / CK # 2376  
#P97000104187