

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90002 023 ****70.00

DOCUMENT # N02000007359

1. Entity Name
THE MCINTYRE CONNECTIONS, INC.



Principal Place of Business
**4601 NW 183RD ST
F 12
MIAMI, FL 33055**

Mailing Address
**P.O. BOX 16097
MIAMI, FL 33101**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05082006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
65-1163981

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REED, DARLENE
2330 NW 101 ST, # B
MIAMI, FL 33147**

Name **Francine Hanna**
Street Address (P.O. Box Number is Not Acceptable)
1066 NE 215th St
City **miami** FL Zip Code **33179**

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

Francine Hanna
Signature, typed or printed name of registered agent and title if applicable.

Francine Hanna
(NOTE: Registered Agent signature required when reinstating)

9/6/06
DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCINTYRE, MAREETA	
STREET ADDRESS	4601 NW 183 ST APT 16	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	DT	<input type="checkbox"/> Delete
NAME	JOHNSON, MALINDA	
STREET ADDRESS	115 NW 202 TERR APT 111	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDRA, TAKELA	
STREET ADDRESS	2513 SW 162 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GALLEGO, CARLA	
STREET ADDRESS	4928 SW 168 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Darlene Reed	
STREET ADDRESS	2330 NW 101 St #B	
CITY-ST-ZIP	miami, FL 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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

9/6/06
Date

786/346-0021
Daytime Phone #