

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT # N02000007359

1. Entity Name
THE MCINTYRE CONNECTIONS, INC.



2007 SEP 14 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07162007 Chg-NP CR2E037 (12/06)

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

HANNA, FRANCINE
1066 NE 215TH ST
MIAMI, FL 33179

Name *Francine Hanna*

Street Address (P.O. Box Number is Not Acceptable)

1066 ne 215th st

City *miam*

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

8/14/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCINTYRE, MAREETA
4601 NW 183 ST APT 16
MIAMI, FL 33055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400109656694
09/19/07--01041--002 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
JOHNSON, MALINDA
115 NW 202 TERR APT 111
MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALEXANDRA, TAKELA
2513 SW 162 AVE
MIRAMAR, FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REED, DARLENE
2330 NW 101 ST #B
MIAMI, FL 33147 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Darlean Reed
2330 n.w. 101st #B
Miami Fla. 33147 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 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 the empowered

SIGNATURE:

Francine Hanna

8/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #