

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90002 008 ****61.25

DOCUMENT # N02000007359

1. Entity Name
THE MCINTYRE CONNECTIONS, INC.



Principal Place of Business
**285 NW 199 ST BLDG 11 STE 100
MIAMI, FL 33169**

Mailing Address
**POST OFFICE BOX 16097
MIAMI, FL 33101**



03042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0979810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCINTYRE, MAREETA
4601 NW 183 ST APT 16
MIAMI, FL 33055**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is: \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MCINTYRE, MAREETA 4601 NW 183 ST APT 16 MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOHNSON, MALINDA 115 NW 202 TERR APT 111 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MARTE, ALICIA A 7210 NW 16 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEXANDRA, TAKELA 2513 SW 162 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLEGO, CARLA 4928 SW 168 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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

Date

Daytime Phone #

**5/14/08 756
346-0021**