

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007359

FILED  
May 19, 2009  
Secretary of State

Entity Name: THE MCINTYRE CONNECTIONS, INC.

**Current Principal Place of Business:**

4601 NW 183RD ST  
F 12  
MIAMI, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16097  
MIAMI, FL 33101

**New Mailing Address:**

FEI Number: 65-1163981      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MCINTYRE, MAREETA  
Address: 4601 NW 183 ST APT I6  
City-St-Zip: MIAMI, FL 33055

Title: DT      ( ) Delete  
Name: JOHNSON, MALINDA  
Address: 115 NW 202 TERR APT 111  
City-St-Zip: MIAMI, FL 33169

Title: D      ( ) Delete  
Name: ALEXANDRA, TAKELA  
Address: 2513 SW 162 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D      ( ) Delete  
Name: REED, DARLEAN  
Address: 2330 NW 101 ST #B  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAREETA S. MCINTYRE

DIR.

05/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date