

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90262 004 \*\*\*150.00

<b>DOCUMENT # P00000094634</b> 1. Entity Name <b>INTEC, INC.</b>			
Principal Place of Business <b>5255 NW 159TH STREET MIAMI, FL 33014</b>		Mailing Address <b>5255 NW 159TH STREET ATTN: TOM KRUSZEWSKI MIAMI, FL 33014</b>	
2. Principal Place of Business - No P.O. Box # <b>7600 Corporate Center Drive Suite 400 Miami, Florida 33126</b>		3. Mailing Address <b>7600 Corporate Center Drive Suite 400 Miami, Florida 33126</b>	
4. FEI Number <b>65-1045248</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01102008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>MIAMI CENTER REGISTERED AGENTS, INC. 201 SOUTH BISCAYNE BLVD 17TH FLOOR MIAMI CENTER MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS IACOVELLI, MARC 5255 NW 159TH STREET MIAMI, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7600 CORPORATE CENTER DR SUITE 400 MIAMI, FL 33126</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KRUSZEWSKI, TOM 5255 NW 159TH STREET MIAMI, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT DAVID KRAUS 7600 CORPORATE CENTER DR SUITE 400 MIAMI, FL 33126</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.			
<b>SIGNATURE:</b> <b>DAVID KRAUS, CFO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>5-1-08</b> <b>305-908-5355</b> <small>Date Daytime Phone #</small>	