

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90095 029 ***150.00

DOCUMENT # P00000098975

1. Entity Name

INTERCONTINENTAL MANAGEMENT SERVICES INC.



Principal Place of Business

10480 SW 138 STREET
MIAMI FL 33176

Mailing Address

10480 SW 138 STREET
MIAMI FL 33176

2. Principal Place of Business

13746 N.W. 18th Court
Suite, Apt. #, etc.

3. Mailing Address

13746 N.W. 18th Court
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1049011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ORLANDO A
10480 SE 138 STREET
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name: Gonzalez, Orlando A

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

13746 N.W. 18th Court

City: Pembroke Pines, FL Zip Code: 33022

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

2/25/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEX, MARIA L	
STREET ADDRESS	10480 SE 138 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ORLANDO A	
STREET ADDRESS	10480 SE 138 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Maria L	
STREET ADDRESS	13746 N.W. 18th Court	
CITY-ST-ZIP	Pembroke Pines, FL 33022	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Orlando A	
STREET ADDRESS	13746 N.W. 18th Court	
CITY-ST-ZIP	Pembroke Pines, FL 33022	
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 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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria Lise Gonzalez
2/25/05 (954) 667-6600