## 2004 FOR PROFIT CORPORATION

## **FILED** Apr 23, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P01000007222** 03-22-2004 90058 010 \*\*\*150.00 INTERTEK PROPERTIES, INC. Principal Place of Business Mailing Address 401 SE 11 AVE HIALEAH FL 33010 401 SE 11 AVE HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State 22-3782230 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, RICHARD ESQ 2400 W. CYPRESS CREEK RD., #100 FT\_LAUDERDALE FL 33309 Zip Code HIALEAH 8. The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Addition ESKANDRY, EZRA DAVID NAME 401 SE 11 AVE STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition MARAN, KAHAVA NAME 401 SE 11 AVE STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-2IP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE ☐ Change ☐ 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 add

SIGNATURE:

City & State

Zin

10.

TITLE

NAME

NRE

NAME

TITLE

NAME

TITLE MAG

TITLE

NAME

TITLE MALE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7P

CTTY-51-712

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROTED HAME OF SIG OFFICER OR DIRECTOR 305.883-8700