
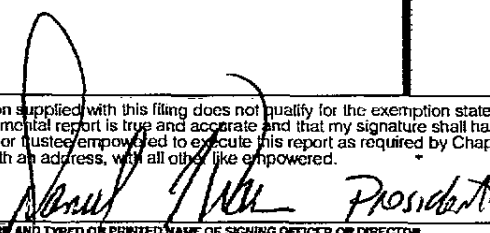


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000022230		
1. Entity Name INTERCONTINENTAL REEF DESIGN AND DEVELOPMENT, INC.		
Principal Place of Business 8205 NORTHWEST 103RD AVENUE TAMARAC, FL 33321	Mailing Address 8205 NORTHWEST 103RD AVENUE TAMARAC, FL 33321	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134		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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000127255 04/23/04-80068-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARREN, DANIEL T 8430 NW 40 ST CORAL SPRINGS POMPANO BEACH, FL 33065	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GEBERT, SCOTT P 8205 NORTHWEST 103RD AVENUE TAMARAC, FL 33321	
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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:  President		Date: 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



04112004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1082667

Applied For
Not Applicable

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