


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000114455  
 1. Entity Name  
 INTRADECO EXPORT, INC.



Principal Place of Business 7300 BIRD ROAD, SUITE 200 MIAMI, FL 33155	Mailing Address 7300 BIRD ROAD, SUITE 200 MIAMI, FL 33155
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1157845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SIMAN, JOSE EDUARDO  
 7300 BIRD ROAD, SUITE 200  
 MIAMI, FL 33155

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMAN, JOSE EDUARDO 7300 BIRD ROAD, SUITE 200 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SIMAN, TEOFILO JR 7300 BIRD ROAD, SUITE 200 MIAMI, FL 33155
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1100000167268  
 07/19/04-80018-011 158.75

**DO NOT WRITE IN THIS SPACE**

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] 7/14/04 (305) 264-8886x2105  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #