

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000046200

FILED
May 01, 2009
Secretary of State

Entity Name: INTERCORP BUSINESS CORPORATION

Current Principal Place of Business:

5022 SAVANNAH RIVER WAY
211
ORLANDO, FL 32839

Current Mailing Address:

5022 SAVANNAH RIVER WAY
211
ORLANDO, FL 32839

New Principal Place of Business:

5022 SAVANNAH RIVER WAY
212
ORLANDO, FL 32839 US

New Mailing Address:

5022 SAVANNAH RIVER WAY
212
ORLANDO, FL 32839 US

FEI Number: 01-0678893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCEZ DA SILVEIRA, JOSE E
5022 SAVANNAH RIVER WAY
APT 211
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

SILVEIRA, JOSE E GARCEZ
5022 SAVANNAH RIVER WAY
APT 212
ORLANDO, FL 32839 US

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.

SIGNATURE: JOSE SILVEIRA

05/01/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SILVEIRA, JOSE E
Address: 5022 SAVANNAH RIVER WAY APT 211
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: SILVEIRA, JOSE E GARCEZ
Address: 5022 SAVANNAH RIVER WAY APT 212
City-St-Zip: ORLANDO, FL 32839 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE SILVEIRA

PTSD

05/01/2009

Electronic Signature of Signing Officer or Director

Date