


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 019 ***150.00

DOCUMENT # P03000050473

1. Entity Name
INTER CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address

8555 SW 124 ST **8555 SW 124 ST**
MIAMI, FL 33156 **MIAMI, FL 33156**

2. Principal Place of Business 3. Mailing Address

3813 WHIPPOORWILL BLVD. **3813 WHIPPOORWILL BLVD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

PUNTA GORDA, FL. **PUNTA GORDA, FL.**

Zip Country Zip Country

33950 **USA.** **33950** **U.S.A.**

6. Name and Address of Current Registered Agent

MIRABAL, RAFAEL
8555 SW 124 ST
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name **RAFAEL MIRABAL**

Street Address (P.O. Box Number is Not Acceptable)
3813 WHIPPOORWILL BLVD.

City **PUNTA GORDA** FL Zip Code **33950**

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: *Rafael Mirabal* DATE: **4/15/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: DPST	<input type="checkbox"/> Delete
NAME: MIRABAL, RAFAEL	
STREET ADDRESS: 8555 SW 124 ST	
CITY-ST-ZIP: MIAMI, FL 33156	
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: DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MIRABAL, RAFAEL	
STREET ADDRESS: 3813 WHIPPOORWILL BLVD.	
CITY-ST-ZIP: PUNTA GORDA, FLORIDA, 33950.	
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: *Rafael Mirabal* DATE: **4/15/05** DAYTIME PHONE: **941-575-0817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



02032005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

20-0038083 Not Applicable

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