


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90010 018 ***150.00

DOCUMENT # P03000072690		
1. Entity Name INTREPID AEROSPACE, INC.		

Principal Place of Business 1674 W. 72 ST. HIALEAH, FL 33014	Mailing Address 1674 W. 72 ST. HIALEAH, FL 33014
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2. Principal Place of Business - No P.O. Box # 16405 FOX DEN COURT.	3. Mailing Address 16405 FOX DEN COURT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Lakes, FL.	City & State Miami Lakes, FL.
Zip 33014	Zip 33014
Country U.S.	Country U.S.

40108033



04262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent RODRIGUEZ, FRANCISCO D 1674 W. 72 ST. HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name (Same) FRANCISCO D. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 16405 FOX DEN COURT. City Miami Lakes FL Zip Code 33014	
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I, 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 _____ (Signature typed or printed name of registered agent and fee application) (NOT: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, FRANCISCO D 1674 W. 72 ST. HIALEAH, FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) FRANCISCO D. RODRIGUEZ (Same) 16405 FOX DEN COURT. Miami Lakes, FL 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  4/20/07 305-688-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #