## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000086391**

1. Entity Name

INTERCONTINENTAL MANAGEMENT AND CONSULTING GROUP, INC.



FILED Mar 19, 2007 08:00 A Secretary of State

Principal Place of Business

13346 SW 128 ST MIAMI, FL 33186 Mailing Address

13346 SW 128 ST MIAMI, FL 33186



## DO NOT WRITE IN THIS SPACE

 
 01292007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-0142410
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLADARES, ALEXANDER F 13346 SW 128 ST MIAMI, FL 33186

## DO NOT WRITE IN THIS SPACE

					<u></u>
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.	Signature, typed or printed name of registered agent and little	applicable (NOTF: Registered	LAgent signaturi	required when reinstating)	DATE
	algustate, typed of printed filente of registered egant and file i	applicable (10 E 110) stated		- Todardo Micritalistativa)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	cing	<b>\$5.00</b> May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLADARES, ALEXANDER F 13346 SW 128 ST MIAMI, FL 33186				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000670373 03/27/07-80109-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS				-	

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPHO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-13-07

305-971-205C

Daytime Phone #