## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000044061

FILED Apr 21, 2005 Secretary of State

Entity Name: INTERCONTINENTAL FINANCIAL & PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	IITA BEACH RD.				
SUITE 275 BONITA S	o PRINGS, FL 341	35 US			
Current Mailing Address:		New Mailing Addre	New Mailing Address:		
3951 BON	IITA BEACH RD.				
SUITE 275 BONITA S	5 PRINGS, FL 341	35 US			
El Number	: 43-2045195	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of Cui	rrent Registered Agent:	Name and Address	of New Registered Agent:	
328 CAPE SUITE 2	, SKERRETT CORAL PKWY. RAL, FL 33914 (				
Γhe above	e named entity sul e of Florida.	omits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
n the State	RE:	Signature of Registered Age	ent	Date	
n the State	RE: Electronic	Signature of Registered Age	ent	Date	
n the State	RE: Electronic	rust Fund Contribution ( ).		Date  GES TO OFFICERS AND DIRECTOR	
n the State BIGNATUI Election Car DFFICER Title: Name: Address:	RE: Electronic mpaign Financing T	rust Fund Contribution ( ).  DRS: elete  DR.			
n the State BIGNATUI Election Car DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RE:  Electronic  mpaign Financing T  S AND DIRECTO  P () DO  RAMIREZ, JUAN 2221 MOULDER D	rust Fund Contribution ( ).  DRS: elete  DR. 20 US elete ALDO T.	ADDITIONS/CHANGE Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
n the State	Electronic  mpaign Financing T  S AND DIRECTO  P () DO  RAMIREZ, JUAN 2221 MOULDER D  NAPLES, FL 3412  VP () DO  QUINONES, RENA 1327 SE 23RD. S	rust Fund Contribution ( ).  DRS: elete DR. 20 US elete NLDO T. 33990 US elete	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN RAMIREZ P 04/21/2005