2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000044061

FILED Apr 17, 2007 Secretary of State

Entity Name: INTERCONTINENTAL FINANCIAL & PROFESSIONAL SERVICES, INC.

Current P	rincipal Place of Business:	New Principal Place of Busines	ss:
	IITA BEACH RD.		
SUITE 275 BONITA S	PRINGS, FL 34135 US		
Current M	lailing Address:	New Mailing Address:	
	IITA BEACH RD.		
SUITE 275 BONITA S	PRINGS, FL 34135 US		
FEI Number	: 43-2045195 FEI Number Applied Fo	or () FEI Number Not Applicable () Certifica	te of Status Desired ()
Name and	l Address of Current Registered Ag	gent: Name and Address of New Reg	istered Agent:
328 CAPE SUITE 2	, SKERRETT CORAL PKWY. W RAL, FL 33914 US		
	e named entity submits this statement e of Florida.	for the purpose of changing its registered office or re	egistered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registe	ered Agent	Date
Election Ca	Electronic Signature of Registempaign Financing Trust Fund Contribution	· ·	Date
	· ·	· ·	
OFFICER Title: Name: Address:	mpaign Financing Trust Fund Contribution	().	ICERS AND DIRECTORS:
	mpaign Financing Trust Fund Contribution S AND DIRECTORS: P () Delete RAMIREZ, JUAN 90 22ND AVENUE NW	ADDITIONS/CHANGES TO OFF Title: () Change (Name: Address:	ICERS AND DIRECTORS: () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	mpaign Financing Trust Fund Contribution S AND DIRECTORS: P () Delete RAMIREZ, JUAN 90 22ND AVENUE NW NAPLES, FL 34120 VP () Delete QUINONES, RENALDO 4107 SW 23RD AVENUE	ADDITIONS/CHANGES TO OFF Title: () Change (Name: Address: City-St-Zip: Title: () Change (Name: Address:	ICERS AND DIRECTORS: () Addition () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMITHA CHAVEZ R 04/17/2007