

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90470 039 \*\*\*150.00

<b>DOCUMENT # P04000136388</b> 1. Entity Name <b>INTI RAYMI, CORP.</b>			
Principal Place of Business <b>617 EAGLE POINTE SOUTH KISSIMMEE, FL 34746</b>		Mailing Address <b>617 EAGLE POINTE SOUTH KISSIMMEE, FL 34746</b>	
2. Principal Place of Business <b>1139 Liberty Hall Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1139 Liberty Hall Drive</b> Suite, Apt. #, etc.	
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>	
Zip <b>34746</b>		Zip <b>34746</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-1715033</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORAN, MILOUSKA 617 EAGLE POINTE SOUTH KISSIMMEE, FL 34746</b>		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> Zip Code:	
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORPORAN, MILOUSKA 671 EAGLE POINT SOUTH KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FREYRE, JAIME 671 EAGLE POINT SOUTH KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Freyre, Jaime 1139 Liberty Hall Drive Kissimmee, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u><i>Mc...</i></u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			