


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90113 002 \*\*\*150.00

<b>DOCUMENT # P93000027610</b> 1. Entity Name <b>INTERTEC INDUSTRY INC.</b>					
Principal Place of Business <b>1377 S. ANDREWS AVE</b> <b>POMPANO BEACH FL 33069</b> <del>US</del>				Mailing Address <b>1377 S. ANDREWS AVE</b> <b>POMPANO BEACH FL 33069</b> <del>US</del>	
2. Principal Place of Business - No P.O. Box # <b>10116 NW 53 Street</b> Suite, Apt. #, etc. <b>Summex. FL. 33351</b> City & State		3. Mailing Address <b>10116 NW 53rd Street</b> Suite, Apt. #, etc. <b>Summex. FL. 33351</b> City & State		1st MOORE CR2E034 (10/06)	
Zip <b>USA</b>		Zip <b>USA</b>			
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>65-0414098</b>				<input type="checkbox"/> 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>SHAH, RAJNI</b> <b>1377 S. ANDREWS AVE.</b> <b>POMPANO BEACH FL 33069</b> <b>10116 NW 53rd St.</b> <b>Summex. FL</b> <b>33351</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP <b>SHAH, RAJNI</b> <b>1377 S ANDREWS AV</b> <b>POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10116 NW 53 Street</b> <b>Summex. FL. 33351</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	PRES <b>SHAH, ARUNA R</b> <b>1377 S ANDREWS AV</b> <b>POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10116 NW 53 Street</b> <b>Summex. FL. 33351</b>
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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 Section 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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <b>4/25/07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					