

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90230 042 ***150.00

DOCUMENT # P94000022073	
1. Entity Name INTERCLIMA, CORP.	



Principal Place of Business 5805 BLUE LAGOON DR MIAMI, FL 33126	Mailing Address 5805 BLUE LAGOON DR MIAMI, FL 33126
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2. Principal Place of Business 5805 Blue Lagoon Dr		3. Mailing Address 5805 Blue Lagoon Dr	
Suite, Apt. #, etc. 285		Suite, Apt. #, etc. 285	
City & State Miami FL		City & State Miami, FL	
Zip 33126	Country USA	Zip 33126	Country USA



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0604655		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GAMEZ, CESAR A 7000 ISLAND BLVD. SUITE 303 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name CESAR GAMEZ Street Address (P.O. Box Number is Not Acceptable) 1865 Brickell Ave Apt A903 City Miami FL Zip Code 33129

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 **02/22/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAMEZ, CESAR A		NAME CESAR GAMEZ	
STREET ADDRESS 7000 ISLAND BLVD. - #303		STREET ADDRESS 1865 Brickell Ave Apt A903	
CITY-ST-ZIP AVENTURA, FL 33160		CITY-ST-ZIP Miami FL 33129	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

2. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ DATE **02/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR