


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 A
Secretary of State

DOCUMENT # P95000004716	
1. Entity Name INTERMEDIATE HOLDINGS, INC.	

Principal Place of Business C/O JAY SOLOWSKY, ESQ. 150 W. FLAGLER STREET, SUITE 2000 MIAMI, FL 33130	Mailing Address C/O JAY SOLOWSKY, ESQ. 150 W. FLAGLER STREET, SUITE 2000 MIAMI, FL 33130
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0629603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOLOWSKY, JAY H ESQ.
150 W. FLAGLER STREET
SUITE 2000
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000409534
02/08/06-80100-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVPD
NAME	DE CLOEDT, JEAN
STREET ADDRESS	150 W. FLAGLER STREET, #2000
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	STD
NAME	DE BOEVER, PIERRE
STREET ADDRESS	150 W. FLAGLER STREET, #2000
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VP
NAME	SOLOWSKY, JAY
STREET ADDRESS	150 W. FLAGLER STREET, #2000
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Date 1/31/06 Daytime Phone # 305 371 2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR