2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094054

Entity Name: INTERTECH, INC.

City-St-Zip:

JACKSONVILLE, FL 32205

Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5465 VERNA BLVD JACKSONVILLE, FL 32205 LIS **Current Mailing Address: New Mailing Address:** 5465 VERNA BLVD JACKSONVILLE, FL 32205 US FEI Number: 59-3349332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HABIB, AMRO 3900 DUPONT CIRCLE JACKSONVILLE, FL 32216 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ECHEVERRIA, ALEJANDRO A ECHEVERRIA, ALEJANDRO A Name: Name: 1604 LAKEWOOD RD 1492 BELLESHORE CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32218 () Delete Title: Title: () Change () Addition Name: WALKER, EDWARD R Name: 2769 HENDRICKS AVE Address: Address: JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JIMENEZ, ALFREDO A SR Name: Name: 4316 SAGE OAK COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 322771018 City-St-Zip: Title: () Delete Title: () Change () Addition HABIB, AMRO K Name: Name: Address: 3900 DUPONT CIRCLE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Ρ SIGNATURE: ALFREDO JIMENEZ 04/28/2004