2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nat		980		Feb 17, 2005 08:00 AN Secretary of State	/ I
INTERCO	DASTAL FOODS, INC.	•			
Principal Pla	ce of Business	Mailing Address		7	
5220 N. OC HOLLYWO	CEAN DRIVE _ OD FL 33019	5220 N. OCEAN DRIVE HOLLYWOOD FL 3301			
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt	. #, etc	Suite, Apt. #, etc	· <u>·····</u>	1st MOORE CR2E034 (10/04)	
City & Sta	te	City & State		4. FEI Number 65-0829693 Applied Fo	_
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Current	l Registered Agent		7. Name and Address of New Registered Agent	
			Name "		
MCCORMICK, BRUCE 5220 N. OCEAN DRIVE HOLLYWOOD FL 33019			Street Address	s (P.O. Box Number is Not Acceptable)	
110	LE11100D 1 L 00010				
			City	FL Zip Code	-
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and acc	ер
SIGNATURE					
	Signature, typed or printed name of registered agent	t and title if applicable (NOTE	Registered Agent signature requir	red whon reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00	0	Registered Agent signature requir	9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o	0 of State	Registered Agent signature requirements	9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
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12. 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 eath; 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: Burn Connect BrucaMc Cormick 2/15/05

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delia

2/15/05 954-925-9776

FILED