## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P96000094719** 1. Entity Name INTECCON, INC.

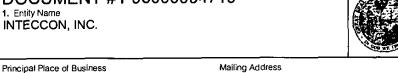
6. Name and Address of Current Registered Agent

**FILED** Jan 10, 2008 08:00 AM Secretary of State

Applied For

\$8.75 Additional

Not Applicable



6401 E ROGERS CIRCLE SUITE #1 BOCA RATON, FL 33487 6401 E ROGERS CIRCLE SUITE #1 BOCA RATON, FL 33487



DO NOT WRITE IN THIS SPACE

|          |          |                 | Ш |
|----------|----------|-----------------|---|
| 01072008 | No Chg-P | CR2E034 (11/05) |   |

| 5. Certificate of Status Desired |     | \$8.75 Additi |  |  |
|----------------------------------|-----|---------------|--|--|
| •                                |     | 4"            |  |  |
| DO NOT W                         | DIT | _             |  |  |

4. FEI Number 65-0715628

RODRIGUEZ, WILSON 6401 E ROGERS CIRCLE SUITE #1 BOCA RATON, FL 33487

SIGNATURE:

| DC | 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 Signature, typed or printed name of registered agent and title if applicable. (NDTE: Registered Agent signature required when reinstating)  DATE   |  |  |      |                                |   |  |  |
| FILI<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ny 1, 2008 Fee will be \$550.00                    | Election Campaign Financ<br>Trust Fund Contribution. | cing | \$5.00 May Be<br>Added to Fees | · ·                                       |  |  |
| 10.  | OFFICERS AND DIREC   | TORS   |      |                                |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>RODRIGUEZ, WILSON<br>6401 E ROGERS CIRCLE SUITE#1<br>BOCA RATON, FL 33487 |  |      |                                | 000000778262<br>01/10/08-80043-001 150.00 |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |      |                                |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |      | DO                             | NOT WRITE                                 |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |  |  |      | IN '                           | THIS SPACE                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |      |                                |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |  |      |                                | · .                                       |  |  |
| 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver by 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. |  |  |      |                                |   |  |  |