2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2007 08:00 AM Secretary of State

ANNUAL REPURI				Secretary of Star	
DOCUMENT # P98000089048				Secretary of Sta	
1. Entity Name INTERMAT TRADING & CONSULTING, INC.					
Principal Place		Mailing Address P.O. BOX 2428			
P.O. BOX 24: Hallandale		HALLANDALE, FL 33008		T I MANUSER ING MINOLIENI BENG BENG BENG BENG BENG BENG BENG BENG	
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DO NOT WRITE IN THIS SPACE				01272007 No Chg-P CR2E034 (11/05)	
				65-0881554 Not Applicable	
	Be a Constant of the Constant		T	5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent KTSOULOS, JAMES			11 16 16	DO NOT WRITE	
811 TYLER STREET HOLLYWOOD, FL 33019		S. Carolina	DO NOT WRITE		
			The same of the	IN THIS SPACE	
8. The above	named entity submits this statement for	the purpose of changing its registe	ered office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	ions or registered agent.				
010(111707123	Signature, typed or printed name of registered agent as	id title if applicable (NOTE Registe	ered Agent signature require	d when reinstating) DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0			5.00 May Be ded to Fees	
10.	OFFICERS AND C	DIRECTORS		with the second second	
NAME STREET ADDRESS CITY-ST-ZIP	KATSOULOS, JAMES 811 TYLER ST HOLLYWOOD, FL 33019			10000000000000000000000000000000000000	
TITLE NAME			•	U00000634937 02/22/07-80032-007 150.00	
STREET ADDRESS			,	garane Agenda Alemena (1997) Tanan Barana (1997)	
TITLE			- 'Y'		
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
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12. Thereby 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 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 excress, with all other like empowered.

SIGNATURE: <u></u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 554-822-8757